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ABSTRACT

The mental retardation programs of the Department of Health, Education, and Welfare are arranged and explained according to the categories of preventive services, basic and supportive services, training of personnel, research, construction, and income maintenance. Then follow eight agency reports that generally contain introductory information, program objectives, program descriptions, publications, program history, current activities, future goals, and economic impact. The agencies involved are Office of Child Development, Office of Education, Health Services and Mental Health Administration, National Institutes of Health, Social and Rehabilitation Service, Social Security Administration, Food and Drug Administration, and Surplus Property Program. Concluding the report is information on the amount of funds available from the Department for Mental Retardation programs. Six agencies and offices described earlier in the report are covered in their financial policy in terms of services, training, construction, and research and income maintenance. Financial obligations reported range from fiscal years 1971 to 1973. (CB)

ED 063688

MENTAL RETARDATION PROGRAMS

OF

THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

U.S. DEPARTMENT OF HEALTH,
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Office of
Mental Retardation
Coordination

April 1972

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COORDINATION OF MENTAL RETARDATION PROGRAMS

Coordination is probably the most crucial factor in successful administration of mental retardation programs. This is so because mental retardation cannot be confined to any one health, education, rehabilitation or welfare program or any single disciplinary group. A total program must include a wide range of activities designed to confront the problem of mental retardation simultaneously from many vantage points.

During Fiscal Year 1972, an estimated $735 million will be obligated by the Department of Health, Education, and Welfare for mental retardation programs. These programs cover most aspects of the retarded person's life. They range in diversity from maternal and infant care to income maintenance for the aged retarded. Many agencies of the Department administer programs which affect the mentally retarded; it is extremely important that these efforts be focused and targeted so as to prevent duplication and gaps in program services.

The 1962 Report of the President's Panel on Mental Retardation recognized the importance of coordination both at the national and local levels. The Report further endorsed the concept of a Departmental committee composed of agency representatives advising the Secretary on activities related to mental retardation. The concern of the Panel resulted in the strengthening of the Secretary's Committee on Mental Retardation in 1963. The Committee had previously been known as the Departmental Committee on Mental Retardation, since its establishment in March of 1955.

Over the next several years the mental retardation program of the Department was expanded and extended. In 1968, in a move designed to make the Secretary's Committee more responsive to prevailing needs, the Secretary reconstituted the membership of the Committee. The membership of the Committee had previously been composed of middle level agency personnel. Through the new action the membership was altered and now included the top level executives of the Department with the Under Secretary serving as Chairman. In addition, Regional Office Staff were also assigned to coordinate mental retardation Regional activities.

The mission of the reconstituted Secretary's Committee on Mental Retardation remained the same; i.e., the responsibility for coordination of the Department's program and activities affecting the mentally retarded.

On January 25, 1972, the Secretary of Health, Education, and Welfare directed the establishment of the Office of Mental Retardation Coordination. This new unit replaces the Secretary's Committee on Mental Retardation and will be responsible for the duties formerly assumed by that Office. Specifically, the Office of Mental Retardation Coordination is responsible for the following activities:

- Serves as a means of coordination and evaluation of the Department's mental retardation activities.

- Serves as a focal point for consideration of Department-wide policies, programs, procedures, activities and related matters relevant to mental retardation.

- Serves in an advisory capacity to the Secretary in regard to issues related to the administration of the Department's mental retardation programs.

- Serves as liaison for the Department with the President's Committee on Mental Retardation.

There will be two coordinating committees under this new Office: Steering Committee: Consists of representatives of the Office of the Assistant Secretary for Health and Scientific Affairs, Social and Rehabilitation Services, Health Services and Mental Health Administration, National Institutes of Health, and Office of Education. This group will be responsible for advice and consultation in the implementation of the Office functions. Mental Retardation Interagency Committee: Consists of representatives of all mental retardation operating programs. Its functions will be to provide a means of communication, information exchange and program development for agency staff concerned with Federal mental retardation activities.

The Secretary has also directed that an interagency coordinating committee be established in each of the Department's Regional Offices. At the present time, the Regional Offices are served by a mental retardation coordinator, located in the Office of the Regional Director. The new committee will be the responsibility of that staff member.

The Office of Mental Retardation Coordination will place special emphasis on coordination of the implementation of the President's proposals to reduce mental retardation, and to minister more effectively to those affected by this problem. To carry out this mandate the Committee plans to evaluate the impact that the Department's mental retardation programs have on the mentally retarded in local communities, to ascertain the extent of coordination of these programs, and to obtain recommendations for necessary improvements in coordination. Special emphasis will also be placed on the development of volunteer programs for the mentally retarded and on programs for the deaf-blind-retarded.

The Office of Mental Retardation Coordination maintains a distribution list of over 10,000 names of persons and organizations which receive publications distributed by this Office and agency publications in the area of mental retardation. The Office of Mental Retardation Coordination has also represented the Department at national meetings of the American Association on Mental Deficiency, the National Association for Retarded Children, and the Council on Exceptional Children. Publications and information were provided by Office staff to delegates during these meetings.

SUMMARY OF MENTAL RETARDATION ACTIVITIES

The mental retardation activities of the Department have been arranged according to the following categories: preventive services, basic and supportive services, training of personnel, research, construction, and income maintenance.

Preventive Services

Preventive services are defined as those services rendered as a part of programs designed to reduce the incidence of mental retardation. The major programs in this area are administered by the Maternal and Child Health Service, Health Services and Mental Health Administration. Maternity and Infant Care Projects support programs which provide necessary health care to prospective mothers in high-risk populations. Grants which support screening programs for phenylketonuria (PKU) and other metabolic diseases also are awarded by the Maternal and Child Health Service. Forty-three States have enacted laws related to PKU, most of them making screening for this disorder mandatory. During the past year, approximately 90 percent of the total registered live births in the 50 States and the District of Columbia were screened.

Basic and Supportive Services

Basic and supportive services are defined as those services rendered to or for persons who are mentally retarded.

State health departments and crippled children's agencies use funds administered by the Maternal and Child Health Services for programs designed to: increase the health and welfare services available to the retarded, enlarge existing mental retardation clinics by adding clinic staff, increase the number of clinics, extend screening programs, provide treatment services for physically handicapped retarded youngsters, increase inservice training opportunities, and provide other care services for the mentally retarded.

The mentally retarded receive a variety of services through the vocational rehabilitation program supported by the Rehabilitation Services Administration: medical diagnosis, physical restoration, counseling and testing during the rehabilitation process, assistance in job placement and follow-up to insure successful rehabilitation.

The Health Services and Mental Health Administration, in conjunction with the Division of Developmental Disabilities, Rehabilitation Services Administration, Social and Rehabilitation Service, supports projects for the retarded which have service components of well-integrated comprehensive health and mental health programs.

The Division of Developmental Disabilities supports two programs directed at improving the quality of State institutional care and treatment for the mentally retarded. These programs are the Hospital Improvement and Hospital Inservice Training Programs.

The Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (P.L. 88-164) was amended October 30, 1970, by the Developmental Disabilities Services and Facilities Construction Act of 1970 (P.L. 91-517). The new Act was designed to provide the states with broad responsibility for planning and implementing a comprehensive program of services and to offer local communities a strong voice in determining needs, establishing priorities, and developing a system for delivering services. The scope of the present program broadened to include not only the mentally retarded but also persons suffering from other serious developmental disabilities originating in childhood, including cerebral palsy, epilepsy and other neurologically handicapping conditions. On December 28, 1971, the Division of Developmental Disabilities issued proposed regulations for the administration of this Act. They are still in the process of being evaluated in light of comments received prior to final issuance.

With the enactment of the Elementary and Secondary Education Act of 1965 (P.L. 89-10) and its subsequent amendments has come a number of new programs and services for the mentally retarded. The mentally retarded have especially benefitted from the provisions of Title VI of the aforementioned act, which provides opportunities for local school districts to develop new and creative programs for all handicapped children. The amendments of 1969 (P.L. 91-230), signed into law April 13, 1970, consolidated all legislation relating to education of handicapped children in Title VI. The Bureau of Education for the Handicapped in the Office of Education administers Title VI, which is now referred to as "The Education of the Handicapped Act."

Training of Personnel

Training programs form an integral part of most of the mental retardation programs of the Department. These programs include support of professional preparation in the following areas: research training in the basic and clinical biological, medical and behavioral sciences; training of professional personnel for the provision of health, social and rehabilitative services for the mentally retarded; inservice training of workers in institutions for the mentally retarded; teachers and other education personnel related to the education of mentally retarded children; and training of personnel in physical education and recreation for the mentally retarded and other handicapped children.

Research

The National Institute of Child Health and Human Development in the National Institutes of Health will support mental retardation research and research training grants to an estimated amount of over $16 million in fiscal year 1972. The National Institute of Neurological Diseases and Stroke, the National Institute of Arthritis and Metabolic Diseases, among other Institutes of the National Institutes of Health, also contribute to mental retardation research. These contributions directly or indirectly extend the efforts of the Mental Retardation Branch of the National Institute of Child Health and Human Development.

The Division of Research in the Bureau of Education for the Handicapped of the Office of Education now supports five Research and Development Centers to focus on the more difficult problems of evaluation, communication, instructional procedures, etc. of handicapped children. Through the combined efforts of Research and Development Centers and programmatic research, definite improvement in instructional procedures may well be realized within the next several years. New systems of dissemination are being built upon the foundations already developed by the Instructional Media Centers and a system of Regional Resource Centers currently being developed. As more funds for research become available, engineering technology will more and more become a part of research supported by this Division. This development has been made possible by the amendment permitting the use of contracts as well as grants for research and development activities. Engineering technology, programmed instruction, and the "systems approach" to education will occupy a major place in the Division's activities in the years to come.

The Rehabilitation Research Branch Program of the Division of Research and Demonstrations of the Social and Rehabilitation Service supports a substantial program of research on problems of rehabilitation of retardates. Areas covered include evaluation of aptitudes and abilities, analysis of jobs which the retarded can perform, opening of new occupational areas for the retarded, improvement of counseling techniques, development of new methods of training and job adjustment and evaluation of facilities and programs to assist the transition of the retardate from the institution to community participation. Current programs of research and demonstration are increasingly concerned with new approaches to retardation in ghetto areas, and especially in model city neighborhoods. Emphasis is placed on the coordination and focusing of all relevant community agencies on the problems of the retarded. The Research and Training Centers Division continues to sponsor three Mental Retardation Research and Training Centers. They are continuing to seek out the cause of retardation, to assess the potential for education and rehabilitation, to develop training and remedial programs, to ascertain their actual learning and socialization difficulties, and to develop methods to more adequately motivate the retarded for work.

Research grants administered by the Maternal and Child Health Service support projects directed toward the evaluation of programs and improving the development, management and effectiveness of maternal and child health and crippled children's services. Some examples of support areas include studies of the epidemiology of mental retardation in a rural county, sensory integrative processes and learning disorders, children with congenital rubella, perinatal casualty reports, galactosemia screening, and sensory motor activity in the neurologically handicapped child.

Construction

The university-affiliated facility construction program is administered by the Division of Developmental Disabilities, Rehabilitation Services Administration, Social and Rehabilitation Service.

This construction program is authorized under P.L. 91-517, the Developmental Disabilities Services and Facilities Construction Act of 1970, which supplants in part and expands the old mental retardation law of 1963 to allow for grants to

States for planning, construction, administration, and services for the mentally retarded, cerebral palsied, epileptic, and other neurologically disabled individuals. University-affiliated grants are made also to cover the costs of administration and operation of facilities and for the training of physicians and other professional personnel vitally needed to work with the mentally retarded.

As of June 30, 1971, 439 projects for the construction of community facilities for the mentally retarded have been approved. The facilities constructed under this legislation will include a variety of services: diagnosis, treatment, education, training or care of the mentally retarded, including sheltered workshops. The estimated total cost of these projects is over $252 million with an estimated Federal share of $105 million.

Income Maintenance

The Social and Rehabilitation Service administers the five Federally-supported public assistance programs. These programs assist children who are deprived of parental support or care, the needy aged, the medically indigent aged, the needy blind, and the permanently and totally disabled. Mental retardation itself is an eligibility factor only in the category of Aid to the Permently and Totally Disabled.

The Social Security Administration administers a program which contributes to the maintenance of the mentally retarded through the payment of monthly benefits to eligible individuals.

OFFICE OF CHILD DEVELOPMENT

Introduction

In July 1969, the Office of Child Development (OCD) was established in the Office of the Secretary of HEW to serve as a point of coordination for Federal programs for children and youth, and to act as a national advocate of services for children. Although a major concern of the agency is the preschool child, OCD also plans and develops programs for all children and youth and their families.

The Office of Child Development has two chief bureaus: The Children's Bureau and the Bureau of Head Start and Early Childhood. The Children's Bureau, formed in 1912, was transferred to OCD from the Social and Rehabilitation Service of HEW. Head Start, a comprehensive program for disadvantaged preschool children, was launched by the Office of Economic Opportunity in 1965 and delegated by that agency to OCD in September 1969.

While OCD does not directly operate any programs for the mentally retarded, the agency has an overall advocacy and leadership responsibility for all children, including children with mental retardation. In line with this responsibility, the Office of Child Development may plan and recommend programs to deal with mental retardation; develop standards and guidelines for such programs; and provide technical assistance to States and public and private agencies in efforts to help mentally retarded children and youth. OCD also works cooperatively with the President's Committee on Mental Retardation, the Office of Mental Retardation Coordination, the SRS Division of Developmental Disabilities, and other HEW agencies.

A. Children's Bureau

Research and Evaluation Project on Institutional Improvement

The Office of Child Development is financing a $76,000 grant to the Human Interaction Research Institute, Los Angeles, California, for developing strategies to improve child caring institutions. One third of the institutions studied are public and voluntary institutions for mentally retarded children. Site visits have been made to three outstanding institutions for retarded children; their successes noted; and efforts will be made to replicate these successes in other institutions for retarded children.

The Office of Child Development is also coordinating D/HEW consultation provided to the New Hope Foundation, a national organization established to provide residential and community services to severely retarded children and adults; and related insurance plans. D/HEW organizations participating in this consultation include: President's Committee on Mental Retardation, the Office of Mental Retardation Coordination, and Social and Rehabilitation Service, RSA, Division of Developmental Disabilities.

H. R. 1 Standards for Child Caring Institutions

H. R. 1 includes provision of $150 million dollars for State agency provision or purchase of foster care for children, including foster family and institutional care for mentally retarded children. Such foster care "must meet standards prescribed by the Secretary." The Office of Child Development is preparing standards that could be used by SRS-CSA in administering the sections of H. R. 1 dealing with foster care.

National Association of Private Residential Facilities for the Mentally Retarded

OCD participates on the Board of Advisors for an SRS-RSA-DDD project implemented by the National Association which is attempting to gather comprehensive data on services provided by private residential facilities for the mentally retarded.

Social Protections for Children in Public Institutions

The Office of Child Development is preparing a plan for implementing reform in public institutions for children through a system of regular study and evaluation similar to the licensing system for private institutions for children. One fourth of the thrust in this area will focus on public institutions for mentally retarded children. Legal suits may be included to facilitate legislative changes to enable public institutions to comply with some form of annual or other regular evaluation and improvement.

Publications

A day care manual for the handicapped entitled Serving Children with Special Needs is a joint effort of the Office of Child Development, the Bureau of Education for the Handicapped, and the President's Committee on Mental Retardation. The manual is intended as guidebook for directors and staff of day care programs who are or may wish to include some children with special needs in their program and as a guide to parents of these children in selecting a day care resource. The Office of Child Development committed $25,000 to the project.

Children today is an interdisciplinary journal published by OCD for the professions serving children, features many articles on retardation, such as research reports and articles on health, education and social services for mentally retarded children, including adoption and foster family care for these children.

B. Head Start

The research coordination efforts of the Office of Child Development includes examining present and planned research activities of the agencies of the Interagency Panel and Early Childhood Research and Development to identify overlapping or duplicating, determining gaps in research, sharing information on future plans, and exploring procedures for designing Interagency research.

In the area of mental retardation the Office of Child Development through its Information Secretariat has contributed to the coordinating efforts of the agencies within the broad outline research areas such as the developmental process; effect of primary environmental influences; the effect of community and broader social programs; the global approach and combined and comparative effects; research and methodology; and the study of research planning and dissemination.

The Office of Child Development through its Information Secretariat will continue to help the agency members of the Interagency Panel on Early Childhood Research and Development address themselves to refining, filling gaps, and increasingly coordinating their research efforts.

The Office of Child Development has been moving increasingly toward the goals of serving handicapped children which had been the policy of Head Start since its inception. That policy states that handicapped children must be given consideration for admission to Head Start classes in the same manner as any other child who meets the economic criteria.

Head Start is developing a new program information system which will help to improve the quality of the program for all children, and especially handicapped or retarded children whose special needs must be recognized and individually met. Head Start is developing such a system and expects that it will be ready for installation in FY 1973.

The Office of Child Development is now actively developing a collaborative program with the Bureau of Education for the Handicapped to integrate the resources of BEH's 70 Handicapped Children's Early Education Program projects into a number of local Head Start programs. In order to provide appropriate services for a Head Start child who may be emotionally disturbed, OCD is now arranging active collaboration between the Office of Child Development and the National Institute of Mental Health to integrate the resources of NIMH's Community Mental Health Centers into local Head Start programs in the CMHC catchment areas. These collaborative efforts will lead to demonstrations of collaboration for the benefit of all handicapped children in a community.

Some examples of already on-going coordination of services may be found in the Anchorage, Alaska Head Start, in which the Bureau of Education for the Handicapped provides a special education program to deaf and hard-of-hearing Head Start children. In Huntington, West Virginia the Community Mental Health Center has provided Psychological Services to Huntington's Head Start program for years. This type of collaboration will be promoted and implemented in FY 1973.

OFFICE OF EDUCATION

Introduction

Programs dealing with handicapped children in the Office of Education have been placed under the administrative direction of the Bureau of Education for the Handicapped. This is consistent with the efforts of the Office of Education to provide maximum educational programming for all children. The Bureau is responsible for supervising and implementing current and new legislative authorities to provide funds for projects and programs relating to the education, training and research of handicapped children and youth. These children include those who are mentally retarded as well as those who are hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired and require special education.

The overarching goal for Federal efforts in the area of education for the handicapped is to equalize educational opportunities for handicapped children. Less than 40 percent of the nation's more than six million school-aged handicapped children receive needed special education services. Federal funds for the education of the handicapped currently average less than $30 per child.

The main issues surrounding the Federal role in education for the handicapped are:

1. How can the limited available Federal resources be used in a catalytic and stimulative manner to bring quality educational services to the greatest proportion possible of the unserved 60 percent of the target group?

2. What is the best use of Federal resources in preventing identifiable handicaps from becoming serious disablements in school and adult life?

3. What educational techniques and methods can be developed, introduced and adopted to insure handicapped children job skills to enter adulthood with a high probability of participating in society in a meaningful manner?

Five objectives have been adopted for the Federal-State-Local role in education of the handicapped:

I. National Commitment

To assure that every handicapped child is receiving an appropriately designed education by 1980 (75% by 1977).

II. Increased Services

To assist the States in providing the appropriate educational services to 75% of the handicapped by 1977.

III. Career Education

To assure that by the year 1977, every handicapped child who leaves school has had career educational training, that is relevant to the job market, meaningful to his career aspirations, and realistic to his fullest potential.

IV. Manpower Development

To assure that all handicapped children served in the schools (75% by 1977) have a trained teacher competent in the skills required to aid the child in reaching his full potential.

V. Early Childhood Education

To secure the enrollment of 750,000 (75%) preschool aged handicapped children in Federal, State, and local educational and day care programs.

In order to efficiently implement the program and carry out the Federal mandate, the Bureau is administratively organized into three major divisions under the Office of the Associate Commissioner. Each of the three major Divisions -- Training, Educational Services, and Research -- functions as an integral element in the total Bureau program for handicapped children. The following pages describe the functioning of each division as it relates specifically to mentally retarded children.

I. Division of Training Programs

A. Purpose

The Divison of Training Programs initiates, maintains, and improves programs for the preparation of professional leadership and teaching personnel to educate handicapped children. Divisional programs which are designed to implement this purpose are two-fold in their attack, in that they must provide: (1) classroom supervisory, consultative, and administrative personnel for State and local special education programs; and (2) personnel for higher education institutions responsible for preparing administrative and classroom personnel. The Learning Disorders Branch, one of three in the Division, is responsible for the coordination and administration of all programs in the area of mental retardation.

B. Need

As more States legislate mandatory education for handicapped children the major problem faced in implementing such legislation is an acute shortage of qualified personnel. According to data received from the State Plans submitted by State education agencies under Part B, Education of the Handicapped Act, for fiscal year 1971 approximately 484,000 teachers and other personnel were needed to provide educational services to all handicapped children. Approximately 115,000 or 24 percent of the preceding personnel were needed in the area of mental retardation. Still, only 73,400 or 64 percent of the latter number needed for the education of the mentally retarded were employed in 1971 and many of these persons lacked full certification. If general turnover rates applicable to the education profession are applied, approximately 8 percent of the special education teachers will leave the field each year. At current rates of preparing professional personnel in mental retardation more than twenty years will be needed to close the gap between supply and demand, if all other variables remain constant.

As a result of the teacher shortage, approximately two-thirds of the more than six million handicapped children of school age and one million handicapped children of preschool age are not receiving the special educational services they require. Many of the established programs are actually of minimal quality, because they have been started with less than fully qualified personnel. This current deficit, as in the past, not only retards the systematic growth of special education, but simultaneously requires the majority of our nation's handicapped children to accept an education program inappropriate to their needs. Similarly, college and university personnel so essential to the preparation of teachers are also in short supply.

C. History

In 1958, Public Law 85-926 was passed by Congress authorizing an appropriation of $1 million per year for the preparation of professional personnel in the education of the mentally retarded. This initial piece of legislation was directed at preparing college and university personnel to staff the then existing programs, and much needed new programs for preparing personnel to work with the handicapped in State and local school systems. Between academic years 1959-60 and 1963-64, 692 graduate traineeships were granted to 484 individuals. The majority of these individuals became college and university professors while others became State and local special education leadership personnel. In fact, a recent survey made of the above traineeship recipients indicated that approximately 75 percent of all programs in mental retardation at colleges and universities are directed or coordinated by these individuals.

A study conducted in February of 1964, of 245 former P.L. 85-926 traineeship recipients revealed that over 90 percent of them were engaged in the field of special education, including the mentally retarded, and about 70 percent were engaged primarily in the field of mental retardation. Sixty-eight of the 245 former trainees indicated that they were currently employed by a college or university, 80 were employed in an administrative or supervisory capacity (19 of these were employed by State educational agencies), and 54 returned to the classroom as teachers of the mentally retarded.

On October 31, 1963, P.L. 88-164 was signed into law. Section 301 of this Act amended P.L. 85-926 to: (1) expand the program to include not just the area of mental retardation, but also the areas of the visually handicapped, deaf, crippled and other health impaired, speech and hearing impaired and the emotionally disturbed; (2) allow for the preparation of teachers and other specialists in addition to leadership personnel at the graduate level; (3) extension downward into the senior year undergraduate levels; and (4) increase the monies authorized for these purposes.

Public Law 85-926 was further amended with the passage of Public Law 89-105 and 90-170. These amendments expanded and extended the program through fiscal year 1970, authorizing appropriations of $29.5 million for fiscal year 1967; $34 million for fiscal year 1968; $37.5 million for fiscal year 1969; and $55 million for fiscal year 1970. On April 13, 1970, Public Law 91-230 was signed into law, effective June 30,1970. Title VI of this law consolidates all of the prior legislation relating to the handicapped children which the Bureau of Education for the Handicapped administers. Title VI of Public Law 91-230 is referred to as "The Education of the Handicapped Act."

These appropriated funds have been used as stipends for students as well as to support colleges, universities, and State education agencies with the cost of instruction. Since P.L. 85-926 was passed in 1958, approximately 30,000 traineeships have been awarded to individuals preparing to work with mentally handicapped children. This includes both short-term and full academic year awards. Table I gives a summary of the awards made in mental retardation since the passage of P.L. 85-926.

Table I - Awards made in the area of mental retardation since the passage of P.L. 85-926 (Fiscal Years 1960 through 1971)

Fiscal Year	Number of Traineeships	Number of Higher Education Institutions Participating	Number of State Education Agencies Participating	Total Amount Obligated
1960	177	16	23	$ 985,222
1961	164	18	41	993,433
1962	160	20	46	997,000
1963	163	19	48	996,433
1964	2,357	108	50	6,419,332
1965	2,506	153	50	6,569,815
1966	3,110	162	52	7,658,002
1967	3,816	177	53	8,891,072
1968	4,521	177	53	8,493,668
1969	6,366	193	53	9,382,084
1970	6,171	200	55	10,391,341
1971**	4,909	207	55	8,955,355
1972**				

**Although it appears that the number of trainees and amount of money expended has been reduced, the decrease in actuality reflects the changing focus of our award program. Approximately $4 million was granted to 16 universities for fiscal year 1971 as program support grants rather than the traditional traineeship grants. Undoubtedly, a high percentage of that money, and a large number of personnel trained were in the area of mental retardation. For the 1972 fiscal year, the Training Division will move completely to Program Assistance Grants. While our expectations are that the number of trainees benefitting from grants and graduating from programs will be substantially increased, it will become impossible to describe our program in terms of the number of trainees directly supported, or to delineate all trainees according to distinct areas of the handicapped.

It is readily apparent that the "old" P.L. 85-926 program, and its major amendment, P.L. 88-164, has enabled a great number of colleges and universities to develop and/or expand their teacher-training programs in mental retardation. A current analysis of the more than 250 institutions requesting funds in the area of mental retardation indicates that more than 170 of them have on their faculties former trainees who received their education under Public Law 85-926.

Under current conditions, it will be years before there will be a great reduction in the gap between the number of trained teachers and "leadership personnel" in the area of mental retardation who are needed and the number who are available. However, Public Law 85-926 -- prior to and since the amendments by Section 301 of Public Law 88-164 -- has provided the necessary beginning in the effort to clase this gap. It is expected that Public Law 91-230 will continue these efforts.

D. Related Program Activities

1. Training of Physical Educators and Recreation Personnel

With the passage of P.L. 91-230 the legislation established by P.L. 90-170, Title V entitled "Training of Physical Educators and Recreation Personnel for Mentally Retarded and Other Handicapped Children," was incorporated in the "Education of the Handicapped Act." The present program, Section 634, Part D of

this bill is now entitled "Training of Physical Educators and Recreation Personnel for Handicapped Children."

In fiscal year 1971, the Bureau of Education for the Handicapped through the Division of Training Programs awarded a total of $700,000 to twenty-six universities and colleges to assist in providing professional training in physical education and recreation for the handicapped. Funds were provided for planning and student support for graduate students in these institutions.

In addition to the above awards, five regional institutes were sponsored by funded colleges to involve State personnel in Physical Education, Recreation, and Special Education in further planning and development of all levels of training in Physical Education and Recreation for handicapped children in the states. Also, one institute was supported for training relating to camping, outdoor recreation and outdoor education for handicapped children.

Appropriations for fiscal year 1972 are expected to be approximately $700,000. Fifty five applications for Fiscal Year 1972 funds requesting assistance in planning, program development, prototype and short courses were received. Awards had not been made prior to the completion of this report.

E. Cooperative Activities

The Division of Training Programs in an effort to utilize all resources in the provision of quality educational programs for all retarded children has entered into cooperative funding or working arrangements with other personnel training programs in the Office of Education and the Social and Rehabilitation Service. The following are three examples of the Division's cooperative efforts:

1. University Affiliated Facility Program

The Division of Training Programs in cooperation with the Division of Mental Retardation of the Social and Rehabilitation Service provided support monies to special education components in seventeen university affiliated facility programs for fiscal year 1971. The extent of the Division's support ranged from approximately $20,000 to $30,000 with a total expenditure of $465,000.

The Division supports a special educator on the university affiliated facility core faculty. The special educator is responsible for instructing medical students, psychologists, social workers, and other related medical personnel as well as students majoring in special education. He serves to effectively integrate special education concepts into the overall interdisciplinary training program of the university affiliated facility.

The institutions receiving support through this program for fiscal year 1971 were; Georgetown University; University of California at Los Angeles; Johns Hopkins University; University of Indiana; Miami University (Florida); Ohio State University; University of Cincinnati; University of Tennessee (Memphis); Children's Hospital (Harvard); University of Oregon; University of North Carolina; University of Alabama (Birmingham); Utah State University; University of Wisconsin; Georgia Retardation Center (Georgia Department of Public Health); University of Kansas; and the University of Michigan.

2. Bureau of Educational Personnel Development (Education Professions Development Act - P.L. 90-35)

The Bureau of Educational Personnel Development and the Bureau of Education for the Handicapped have agreed to cooperate in the funding of programs which provide special education training to regular educational personnel who are working with handicapped children. Approximately 15 percent of the funds available under Part C and D of the above Act will be used in programs to train regular educational personnel, such as counselors, educational technology

specialists, and teachers and administrators who have an interest or need to become more knowlegeable regarding the problems of the handicapped. Most such projects will operate under the new Educational Renewal strategy.

The major responsibility for fulfilling this commitment rests with the Special Education Training Branch in the Division of School Programs. Priority is placed on projects for training decision-makers and change agents such as school administrators, supervisors, teachers of teachers, and State education agency personnel, who may influence the behavior of regular classroom personnel in dealing with the individual learning and behavior problems of handicapped children. Empahsis is placed on the prevention of severe learning problems, particularly for disadvantaged children. In fiscal year 1971, the Special Education Training Branch supported projects in 28 states for the training of approximately 5,245 persons, many of whom were for personnel dealing with mentally retarded children. Colleges and universities conducted 34 of these projects, 7 were conducted by local school districts, and 3 by State education agencies. A special feature of the program is the Special Education Leadership Training Institute, which trains project directors, assists in the development of new projects, and evaluates the entire program by evaluating selected projects.

In addition, other BEPD programs do support some projects which involve the training of educational personnel to deal more effectively with the problems of handicapped children. These include the Early Childhood Program, Educational Administration Program, Career Opportunities Program, Vocational-Technical Education Program, and the State Grants Program to meet immediate critical shortages of teachers and teacher aides. These also will continue under the Educational Renewal strategy.

When one considers an earlier statement made in this publication to the effect that approximately 60 percent of all handicapped children are not receiving specialized educational intervention, it becomes quite obvious that this cooperative agreement will have great impact on improving services for the handicapped. The program, when fully implemented will facilitate greater cooperative interactions between regular and special educators. This will ultimately pave the way to maximum educational programs for all handicapped children.

F. New Programs - Special Projects

Training programs to be truly effective must reflect the growth and evolution of special education programs brought about through expansion of research and service activities. Effective training programs must be flexible and provide for systematic modification of their approaches. Proven traditional approaches to training should be retained but every opportunity to blend the old approaches with new directions as increased knowledge and experience becomes available should be encouraged.

To provide a means for developing new models the Division of Training Programs administers a Special Projects Grant Award Program. The purpose of this program is to plan; to test new models of training; and to evaluate the effectivness and efficiency of these new models in preparing personnel to work with handicapped children. These grants are designed to provide the wherewithal for the field of special education to develop, implement, and test new approaches for the preparation of personnel to meet current and projected needs in the education of handicapped children.

There are two types of grants within the special projects award program: planning and prototype (including evaluation). Planning grants will be utilized to provide funds for the support of personnel, travel, and other costs necessary for developing a detailed plan for the implementation of a prototype.

Prototype grants will be utilized to implement and test new training approaches. Successfully implemented prototype grants which provide viable

approaches to training will be placed into the regular award program for future funding and disseminated to other training agencies throughout the United States for replication. During fiscal year 1971, approximately $4 million was awarded to almost 70 college and universities, State and local Educational agencies, and private non-profit organizations. Grants ranged from $10,027 to $257,575. Approximately $400,000 was expended for programs relating to mental retardation.

G. Future Goals

The goals of the Division of Training Programs are to:

1. Increase the number and quality of professional personnel for education of the handicapped with special attention to early childhood education, vocational education and the urban and rural poor.

2. Increase the amount and quality of technical assistance to agencies and institutions training professional personnel.

3. With State Departments of Education effect comprehensive planning for the training of personnel in special education.

4. Develop a systematic data collection program upon which to monitor current efforts and to base future efforts.

5. Produce informative materials concerning the education of handicapped children and the training of professional personnel.

6. Systematically evaluate current programs preparing special education personnel.

7. Effectuate qualitative evaluation of all current programs preparing personnel in mental retardation.

II. Division of Educational Services

A. Purpose

The Division of Educational Services provides direct support to handicapped children through services at the classroom and intermediate levels. The Division offers support to State, regional and local programs to assist in developing and maintaining leadership in the education of handicapped children.

B. Historical Development

Public Law 85-905, the Captioned Films for the Deaf Law, was passed by Congress in 1958 to provide entertainment films for the deaf. This law has subsequently been amended by P.L. 89-715 in 1962 and P.L. 89-258 in 1965 to allow for training, research, production and distribution of educational material for use by deaf children. In December 1967, this authority was again expanded to include educational services to all categories of handicapped children through the 1967 amendments to the Elementary and Secondary Education Act. The most recent amendment, P.L. 91-61, passed August 20, 1969 authorizes the establishment of a National Center on Educational Media and Materials for the Handicapped. The Center will provide a comprehensive program of activities to facilitate the use of new educational technology with the handicapped. The Media Services and Captioned Films program is as of January 1971 managed from this Division in conjunction with the 13 Special Education Instructional Materials Centers that were founded as a demonstration project within the Division of Research.

Public Law 89-313 was passed by Congress in November 1965, which extended the benefits of Title I of the Elementary and Secondary Education Act to handicapped children in State-operated and State-supported programs.

During recent years, as local facilities for the handicapped have increased, State schools have found the composition of their resident populations changing from the mildly handicapped to large percentages of children who are severely mentally retarded, and those who have serious handicaps in addition to mental retardation. Model and pilot programs for these types of children have been conducted under P.L. 89-313 in many States.

These funds have enabled institutions and agencies to develop programs for children who have not previously been considered capable of responding to educational or rehabilitative services. The results in many instances have been encouraging and special educators and staff in residential institutions and day classes have raised their levels of expectations for such children. While this program has had a relatively limited funding, significant results have been realized, especially in terms of planning for comprehensive services. Monies allotted under P.L. 89-313 for handicapped children were $15.9 million for fiscal year 1966, $15.1 for fiscal year 1967, $24.7 for fiscal year 1968, $29.7 for fiscal year 1969, $37.5 for fiscal year 1970, $46.1 for fiscal year 1971 and for fiscal year 1972: $56. In fiscal year 1969, 63,605 mentally retarded children were assisted under this program at an expenditure of $14, 379,663; in fiscal year 1970, over 64,000 mentally retarded children have benefitted under this program at an expenditure of almost $22,000,000.

During 1970, Public Law 91-230 incorporated the former Title VI-A of the Elementary and Secondary Education Act, into Part B of the Education of the Handicapped Act. This program is a State plan program which provides support to local education agencies through their State Departments of Education. While the law authorized $200 million for both FY 1970 and FY 1971, only $29.2 million was appropriated for FY 1970 and $34 million for 1971 and $37.5 million for FY 72

Of the approximately 75 million children in this country, more than seven million, including about one million preschoolers, are handicapped. This means that more than one child in ten is either mentally retarded, hard of hearing or deaf, visually impaired or blind, emotionally disturbed, crippled or in some way health impaired. At present, it is estimated that less than 40 percent of these children are in educational programs designed to provide for their unique learning characteristics.

As part of a comprehensive effort to demonstrate innovative approaches to solve the needs of handicapped children, Title III of the Elementary and Secondary Education Act as amended in 1968, mandated that 15 percent of its project funds be set aside for special education programs for the handicapped.

Title III projects should not be designed "to meet the needs of handicapped children" but rather to demonstrate the solutions to critical problems in American education as they relate to the handicapped. It is recognized that the needs of these children will be met when appropriate programs are designed and implemented but this should not be the major thrust of Title III funds for the handicapped.

In many respects the intent of the legislation has been met. In other respects it has not. As more sophisticated procedures for identifying handicapped children are developed, as projects to serve these children are conceived, as the innovativeness and creativeness of the project designs are improved, Title III personnel, working jointly with special education personnel and other local, State and Federal agencies will be in a better position to meet the mandate of the legislation.

Statistical data indicates the vital need and necessity for continuing the Title III effort at an accelerated level. The following statistics have been taken from the FY 1970 Annual Report:

Fiscal Year 1970

Components:	Single	221	Handicapped children served:	1,022,700
	Multiple	110		
	Total	331	Grants	$18,818,126

The Vocational Education Amendments of 1968 provide that at least 10 percent of each State's allotment for basic grants must be used for programs for persons who are handicapped, including persons who are mentally retarded or seriously emotionally disturbed. This provision of the Act became effective in fiscal year 1970, and will be continued under the newly entitled "Vocational Education Act of 1963." In FY 1971, $4.5 was used to fund 10 regional centers for the deaf/blind. In FY 72, $7.5 million was used to continue services to the Nation's 4,000 deaf blind children and their families, through its 10 regional centers. It is anticipated that about 60,000 mentally retarded persons will be served in 1973 at an estimated cost of $11,500,000.

As Vocational Education instructors become more skilled in teaching this group they accept more students. As special education teachers become more aware of Vocational Education possibilities they refer more mentally retarded students to vocational education programs.

The second phase of an adult education special project benefitting mental retardates is being conducted by the Division of Mental Health, State of Missouri, during Fiscal Year 1972. This phase of the project, funded in 1971, employs a structured educational environment and behavior modification techniques in providing basic education and vocational orientation for mentally retarded patients. Of the sixty participants in the program the first year, sixteen were placed in jobs outside the institution. The second year's activity will allow others in the program to be placed in jobs and will permit evaluation of methods, programs and materials. When the project terminates, its services will be continued by the Missouri Division of Mental Health at the Higginsville State School and other institutions. The results of the project will be shared through a workshop and through national dissemination of information.

P.L. 91-230 (formerly P.L. 90-247) provides for the development of regional centers and services for deaf-blind children under Part C, Title VI "Education of the Handicapped Act." The appropriation for 1970 was $2 million and was used to continue support of eight regional centers to provide direct services for deaf-blind children and their parents and to fund two new centers to plan services for deaf-blind children in their region. The law permits use of the funds for deaf-blind children with additional handicaps, including those who are mentally retarded.

The Handicapped Children's Early Education Program (P.L. 91-230, Part C, formerly P.L. 90-538) supports the establishment and operation of model preschool and early education projects designed to demonstrate a variety of effective approaches in assisting handicapped children during their early years. These projects will be distributed strategically throughout the country and the long-range objective is to provide visible, accessible models so that public schools and other agencies may replicate their programs. For fiscal year 1970, $3 million was granted to 41 projects: (23 operational projects were funded at approximately the $100,000 level; 4 combined planning-operational projects at about the $40,000-$60,000 level; and 14 planning projects at about $25,000 each). FY 71, $7,000,000 supported 41 operational and 33 planning projects for a total of 74 projects. FY 72, $7,500,000 supported 80 projects.

C. Impact on Mental Retardation

Programs will have a significant and far-reaching impact upon education and rehabilitation of mentally retarded individuals. Through such direct support programs Title VI (aid to local programs), P.L. 89-313 (aid to State programs), more extensive and comprehensive programs will develop which will include the utilization of the latest teaching techniques and educational technology. Media Services and Captioned Films for the Deaf with expanded responsibility should provide for an opportunity for State and local programs to take advantage of educational materials, media, and equipment especially designed to meet the needs of the handicapped. Certainly the newly established interest in early education programs for the handicapped will have major impact on mental retardation. This is especially so in the case of those youngsters from culturally disadvantaged areas who greatly need early stimulation. Without such stimulation, it is highly probable that many of those youngsters might become special education candidates.

D. Current Activities

Under the State plan programs, forty percent of the 115,035 children served by this program during FY 1969 are mentally retarded. It is estimated that a similar number of children received direct services during FY 1970. Approximately 37 percent of the $24.5 million expended in projects during FY 1969, was spent for special educational and related services for the mentally retarded.

These programs have led to an interest in comprehensive planning. The Division plans to work with State and project personnel to develop long-range plans and evaluation procedures during 1970. These activities are serving the special educational and related needs of retarded children through such programs as preschool, elementary, and secondary education projects which may include: curriculum enrichment, expansion, improvement; summer school programs; preschool and school readiness programs; physical education and recreation; prevocational and vocational training; inservice training of teachers; and improved diagnostic services.

E. Future Goals

The goals of the Division of Educational Services are to:

1. Provide significant support monies to both State-supported and local educational programs to assure quality education for all handicapped children.

2. Provide intermediate services such as comprehensive educational diagnostic resource centers on a regional base to provide services for handicapped children and their families. In addition to direct services to children these centers will provide consultative services to State and local educational agencies to assure the latest available information from research with respect to the learning process.

3. Provide wherever needed comprehensive regional programs for severely multiply handicapped children such as deaf-blind children.

4. Provide through media services the research, production, and distribution of specially designed materials and programs for educational technology for handicapped children. To provide training in the use of media for teachers of the handicapped.

5. Provide through Instructional Material Centers and Regional Media Centers educational management and information systems.

III. Division of Research

A. Purpose

The Division of Research promotes and supports research and related activities which show promise of leading to improvement in educational programs for handicapped children. Support is available for research, dissemination, demonstration, curriculum, and media activities, and for support of Regional Resource Centers.

B. History

The program now administered by the Division of Research was initiated during fiscal year 1964 with an appropriation of $1 million authorized under Title III, Section 302 of Public Law 88-164. The scope and flexibility of the program have been extended through amendments to this basic authorizing legislation in Public Law 89-105, Public Law 90-170, Public Law 90-247 and Public Law 91-230. Table II provides data on the authorizations, appropriations, obligations, and number of projects supported under this program.

Table II - Division of Research -- Historical Data

Year	Authorization	Appropriation	Actual Obligations	Number of Projects
1964	2,000,000	1,000,000	999,739	34
1965	2,000,000	2,000,000	2,000,000	53
1966	6,000,000	6,000,000	5,994,231	133
1967	9,000,000	8,100,000	8,049,041	127
1968	19,500,000	11,100,000	10,794,113	135
1969	21,750,000	13,600,000	13,593,786	160
1970	28,000,000	19,700,000	15,157,670	135
1971	29,500,000	18,850,000	18,815,124	93
1972		14,805,000		

C. Impact on the Problem of Mental Retardation

It is difficult to assess the direct impact of research activities since the lag between the discovery of new knowledge and consequent changes in educational practices obscures the picture. However, some information on the impact of the program is available. As of the end of fiscal year 1969 approximately seventy final reports of research monitored by the Division of Research had been made available to practitioners in the field. Many of these research projects have also resulted in other publications in the professional literature. Although the systematic collection of data on the actual implementation of research findings from these projects is just beginning, there are many instances in which these findings have had a direct impact on programs for the mentally retarded.

D. Current Activities

The Division currently supports a variety of research and related activities relating to the education of mentally retarded children. A major applied research program is involved in a number of studies on the effects of teacher behavior on pupils, and on ways of establishing desired teacher behaviors. Another major program is investigating methods of optimally matching learning characteristics of retarded children with various teaching methods and environments. A comprehensive program of curriculum development activities is currently being supported by the division. The correlated program includes projects on reading, mathematics, social studies, physical education, academic readiness, and science, each designed to produce both curricula and teaching materials for educable mentally retarded children. An additional project is developing social living and prevocational training materials designed for trainable children.

Under the Regional Resource Center program, each center should provide a bank of advice and technical services upon which educators in a region could draw in order to improve the education of handicapped children. The primary task of a Center would be to focus on the special education problems of individual handicapped children referred to it. Each Center should provide testing and educational evaluation of the child, and in the light of this evaluation could develop a program of education to meet the child's particular requirements. Working closely with the handicapped child's parents and teachers, each Center could then assist the school (or other appropriate agency) in providing this program, periodically reexamining and reevaluating the program, and making any adjustments which are necessary to keep the program responsive to the educational needs of the handicapped child. Four Regional Resource Centers were funded in FY 1969. These centers are located in Eugene, Oregon; Las Cruces, New Mexico; New York, New York; and Des Moines, Iowa. Two additional Regional Resource Centers were funded in FY 1970 and are located in Salt Lake City, Utah and Harrisburg, Pennsylvania.

Additional efforts of a more general nature have important implications for retarded as well as other handicapped children. One of the most critical projects currently being supported is investigating the reintegration of handicapped into regular education programs. A series of six demonstration projects are currently involved with study and development of techniques for integrating the wide variety of community services available to retarded and other handicapped children.

E. Future Goals

The history of research on handicapped children suggests that minimal gains are obtained by spreading research monies too thinly. Many of the most important problems in education require a massive effort if solutions are to be found in time to help today's children. The Division of Research now supports five Research and Development Centers to focus on the more difficult problems of evaluation, communication, instructional procedures, etc. of handicapped children. Through the combined efforts of Research and Development Centers and programmatic research, definite improvement in instructional procedures may well be realized within the next several years.

At the same time, systems of dissemination are being evolved which will facilitate the acceptance of these new models by local school administrators. The new systems of dissemination are being built upon the foundation already developed by the Instructional Materials Centers and a system of Regional Resource Centers currently being developed.

As more funds for research become available, engineering technology will more and more become a part of research supported by this Division. This development has been made possible by the amendment permitting the use of contracts as well as grants for research and development activities. Engineering technology, programmed instruction, and the "systems approach" to education will occupy a major place in the Division's activities in the years to come.

Through fiscal year 1971, funds under the Library Services and Construction Act, Title IV-A, are for the purpose of establishing and improving State Institutional library services. Residential schools for the handicapped, including the mentally retarded, may be included in a State plan if these schools are operated or substantially supported by the State. Funds may be used for providing books and other library materials as well as other library services to students in such residential schools under an approved State plan.

This program has acted as a stimulus to the States to expand, initiate and integrate library services as an important component in the educational development of the State institutions for mentally retarded. Library services have been established where none existed and existing services have been expanded and worn collections have been updated to include multi-media materials and equipment carefully selected to meet the needs of the mentally retarded. Libraries have become an integral part of the school program and in addition service to all residents either in the library or in personnel library services in the dormitories has been strengthened.

In fiscal year 1971, 69 State supported institutions for the mentally retarded participated in this program. For example:

Wisconsin:

The residents' library at Central Wisconsin Colony at Madison was initiated in fiscal year 1969, under a LSCA, Title IV-A grant and re-funded each year since then. The library, in common with other Departments at the Colony, aims to help the residents develop to their fullest potential. All residents are considered potential library users, and materials and services are designed with this in mind. In addition to direct, individual service, the Residents' Library functions as a materials center for word programs, the school and other departments.

Vermont:

Under LSCA, Title IV-A, the Brandon Training School, at Brandon, a librarian was hired in 1969 to organize a residents' library. The library now has an excellent collection of books, tapes, records, film-strips, and periodicals. Storytelling, film and book services are taken to the dorms for those unable to visit the library. Plans for 1972 include expansion of media services.

Beginning in fiscal year 1972, the Library Services and Construction Act provides library services to State institutionalized persons and physically handicapped persons under Title I. Support for these activities will be maintained at approximately the fiscal year 1971 level during fiscal years 1972 and 1973.

Three projects were supported by the National Center for Educational Research and Development in fiscal year 1971 for research on the mentally retarded.

Wright Institute is evaluating videotape replay when it is used as positive visual reinforcement for behavioral modification with the retarded adult. The hypothesis is that the retardate will be stimulated by the non-verbal cues to improve his behavior after seeing himself interacting with others on the television screen. It can be expected that valuable information should be gained concerning the importance of non-verbal communication on self-evaluation and human social development as well as better understanding of the technique of behavior modification as it relates to the field of mental retardation.

Another project dealing with visual reinforcement is conducted by the University of South Dakota. Visual masking and information processing in normal and retarded children and adults is being studied so that educators and psychologists may understand what conditions are optimal for presentation. Three studies are proposed: Experiment I applicable to nursery school children as well as adults;

Experiment II applicable to subjects ranging in age from 4 to 40+ years old; and Experiment III - a comparison of retarded and normal subjects. These comparisons will provide data showing whether chronological or mental age is most directly involved in the processing of visual information.

The third study at Morehead State University is designed to discover retardate vs. normal differences in the realm of discrimination learning and memory. This is a developmental study designed to investigate discrimination learning and memory processes. Thirty-two retardates and thirty-two normal children will be given training and retention trials of two-choice visual discrimination problems. The first experiment is designed to investigate discrimination learning and short-term retention. (seconds) The second experiment is designed to investigate discrimination learning and long-term retention.

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Introduction

The Health Services and Mental Health Administration provides leadership and direction to programs and activities designed to improve physical and mental health services for all the people of the United States and to achieve the development of health care and maintenance systems adequately financed, comprehensive, interrelated, and responsive to the needs of individuals and families in all socioeconomic and ethnic groups.

More specifically, the Health Services and Mental Health Administration collects, analyzes, and disseminates data on births, deaths, disease incidence, health resources, and the state of the Nation's health. It plans, directs, and coordinates a national effort to improve the physical health of all Americans through the development of services to promote and sustain physical illnesses, and provide care and treatment for physically ill persons. Similarly, it strives to improve mental health by developing knowledge, manpower, and services to promote and sustain mental health, prevent mental illness, and treat and rehabilitate mentally ill persons.

A description of Health Services and Mental Health Administration programs which relate to mental retardation follows.

National Institute of Mental Health

The National Institute of Mental Health supports a limited range of research and training projects in the field of mental retardation. Although these programs have largely been transferred to other agencies, many of the ongoing activities of the National Institute of Mental Health relate directly or indirectly to mental retardation. Summarized below are the research and training programs which remain as part of the Institute's overall mental health.

Research

The Institute supports eight major research projects directly related to the field of mental retardation. The variety of issues addressed by these projects reflects the Institute's diverse approach to the solution of the problem. Represented are studies of cognition and the learning process; the development of educational techniques and the evaluation of treatment modalities; identification of psycho-social variables.

In cognitive and learning studies, investigators are studying those mental processes involved in the processes of thinking and learning. Information is sought on normal as well as abnormal mental processes, but emphasis is placed on the mechanisms of mental activity and on the influence which these might have in the etiology and treatment of retardation. The goal is to identify ever more precisely the source of deviance in retardation and the actual learning potential of retardates with different sources of impairment. Typical of the processes under investigation are: attention, retention, perception, discrimination, and transfer.

Studies of educational and treatment techniques deal directly with active remedies in clinical, education, or home settings.

One project has sought to detect differences in the abilities of retarded children to learn various tasks, and subsequently to design environmental conditions which enable children to respond most efficiently at their particular ability levels. The investigator has demonstrated that the acquisition of simple tasks may lead to the improvement of behavior in general; furthermore, parents of retardates have been taught the relevant techniques of behavior control easily and effectively. Parents and family members are also instrumental in a program designed to prevent the development of culturally determined retardation. Here, the investigator intends to develop stimulation and educational techniques which will counteract the effects of a deprived environment. The goal providing effective service delivery is addressed in this area - as in other areas of mental illness - by the attempt to provide non-institutional rehabilitative and treatment modalities.

Although almost all studies in mental retardation encompass psychosocial variables in varying degrees, research is in progress for the direct study of siblings of retardates in order to identify specific patterns of family interaction which are associated with or specific to families with a retarded member. In this way, it may be possible to illuminate the positive and negative aspects of family dynamics in the etiology, treatment, and prevention of mental retardation.

Training

The National Institute of Mental Health supports training programs in psychiatric residency and continuing education which involve training on mental retardation.

Psychiatric residency grants with a high degree of emphasis in retardation are awarded almost exclusively to residents in psychiatry and child psychiatry who are specializing in the treatment of mental retardation. The programs are intensive as well as comprehensive, varying in design according to the orientation and associated facilities of the sponsoring institution.

Continuing Education programs receiving grant support are designed for psychiatric nurses who deal with severely handicapped children, including retardates, and for physicians.- psychiatrists, pediatricians, general practitioners - who receive intensive specialized training in the diagnosis and management of mental retardation.

Maternal and Child Health Service

Maternal and Child Health Service programs designed to meet the needs of children with mental retardation or developmental delay have demonstrated continued growth in three major areas: 1. Basic health and supportive services; 2. Preventive services; and 3. Training of personnel to deliver these services.

Through programs supported with earmarked portions of MCH and CC funds, States are demonstrating both the unique and specific contributions which can be made on a State and local level in evolving balanced services for retarded children and those handicapped children who show a developmental lag.

Through the mechanism of basic formula and special project grants, new and better ways of meeting need and delivering care have been demonstrated. Because of the demonstration nature of the programs, they do not provide total services for an area or community.

The effectiveness of this "seed money" can be shown by the fact that, of several hundred projects initiated, less than six have been terminated or discontinued; that the States have invested about the same amount as the project grant to extend and expand the projects; and that project staffs have provided primary leadership in statewide planning efforts on behalf of the retarded and have been intensively involved in the development of the University-Affiliated Center program as well as in coordination of services.

From 1956 through 1971, a total of $78.2 million of Federal MCH funds, $50.5 million of Federal CC funds and $34.7 million of Federal MCH training funds were invested in these three major programs dealing with mental retardation.

I. Basic Health and Supportive Services

Maternal and Child Health Services

Section 501, Title V, Social Security Act, authorizes annual formula grants to the States to extend and improve health services for mothers and children, especially in rural areas.

1971 FY appropriation	$59,250,000
1970 FY appropriation	$50,000,000

Programs to promote good health for mothers and children are basically programs to improve nutrition, prevent ill health and infectious disease, to safeguard the period around pregnancy, and to minimize health hazards by identifying them as early as possible. State maternal and child health programs included some of the following services for fiscal year 1970:

Maternity services to 529,000 mothers.
Well Child Conferences, serving 1,473,800 children,
Hospital inpatient care for 44,000 infants born prematurely.
Nursing services to 2,391,000 children.
Dental treatment for 736,392 children.
Vision screening for 8,996,000 children. Audiometric testing for 5,816,000 children. Dental screening for 2,472,000 children.
Children received over 15 million basic immunizations.

State and other jurisdictions reported expenditures of $165,094,082 for maternal and child health in FY 1970. State and local funds made up about 70 percent of the total. The basic services that were provided were extended to the mentally retarded as well as to other children. The 1970 expenditures included $9.5 million of Federal MCH funds used to provide such special components of mental retardation programs as clinical services, screening of newborns for PKU, programs for the management of children with metabolic disorders, etc. The same amount of Federal funds was obligated for such special services for FY 1971.

Crippled Children's Services

Section 501, Title V, Social Security Act, authorizes annual formula grants to the States to find children who are crippled or who are suffering from conditions leading to crippling, and to provide them with medical, surgical, corrective and other services.

1971 FY appropriation	$58,600,000
1970 FY appropriation	$58,000,000

A total of 491,855 children, or slightly more than 6 out of every 1,000 children in the population, received physician's services under State crippled children's programs in 1970. Nearly 34 percent of the children seen were new patients.

Children between 5-9 years of age comprised the largest users of the program (30.1 percent), with the next largest groups those between 1-4 years (25.7 percent) and 10-14 years (22.9 percent).

Congenital malformations accounted for a fifth of all conditions noted, and more than 18 percent of the children served were reported to have multiple conditions.

Expenditures-- About $154 million was spent for services to crippled children in FY 1970. About 38 percent of the total spent was from Federal sources, the balance from State and local sources.

During FY 1971, $9 million of the available Federal CC funds were obligated for specialized services for mentally retarded children. These funds were utilized to provide corrective care for the associated handicapping conditions which mentally retarded children had, as well as to provide support to special clinics for the multiply handicapped and biochemical and cytogenetic laboratory services.

Clinical Services

Support of clinical services for mentally retarded children is one of the most important uses for MCHS mental retardation funds. The services, operating in all but three States, include diagnosis, evaluation of a child's capacity for growth, the development of a treatment and management plan, interpretation of findings and counseling of parents, and follow-up care. Mental retardation clinic services were provided for over 60,000 children through 243,000 clinic visits in 154 clinics supported by MCHS funds during FY 1971.

Children are being seen at these special clinics at an earlier age as a result of multiple screening procedures carried out by the State maternal and child health programs. Approximately 30 percent of the children seen in clinical programs were 5 years of age or under, and 3 out of every 4 children seen were under 10 years of age.

New patients numbered 28,000 with the median age 6.7 years. Prenatal influences were cited as the principal cause of retardation for 25 percent of the children, with trauma being the cause of mental retardation in 12 percent of the children seen. These clinical programs continued to fulfill a major function of "unlabeling" children referred as mentally retarded. Slightly over 8,500 children were found not to be retarded. In most of these children the developmental lag or retarded level of functioning was due to previously undetected conditions, especially perceptual difficulties.

Multiply-Handicapped Children's Clinics

Ten specialized clinical programs for multiply-handicapped children continued to be funded in 1971 with earmarked CC funds. These programs provide comprehensive services for children with a multiplicity of handicapping conditions including mental retardation. They are models for the type of staffing and services required to meet the total needs of children in a single setting. They attempt to evaluate the efficiency and effectiveness of a comprehensive service as opposed to special clinical services for each type of handicap.

Genetics Program

Twenty-one projects supported with earmarked CC funds were in operation in FY 1971. They provided cytogenetic and biochemical laboratory services as extensions of clinical services at hospitals or medical schools. Projects include chromosome analysis and diagnosis of various medical conditions which may be genetic in origin and which may result in mental retardation. On the basis of these analyses, counseling is given to parents seeking advice on genetic questions. These laboratories also provide continued monitoring of patients with metabolic diseases.

II. Preventive Services

Maternity and Infant Care Projects

Section 508, Title V, Social Security Act, authorizes grants for projects to help reduce the incidence of mental retardation and other handicapping conditions caused by complications associated with child-bearing and to help reduce infant and maternal mortality by providing necessary health care to high-risk mothers and their infants.

1971 FY appropriation	$38,565,000
1970 FY appropriation	$36,600,000

Fifty-six Maternity and Infant Care projects were in operation at the end of FY 1971, located in 35 States, the District of Columbia and Puerto Rico. While more than 60 percent of the Maternity and Infant Care projects serve cities of 100,000 or more, projects are also located in rural and urban-rural populations in such States as Alabama, Georgia, Florida, Arkansas, Idaho and others. All the projects serve localities which have shown higher infant and maternal mortality rates than the Nation as a whole.

According to provisional data, a total of 141,000 new maternity patients were admitted to the M & I projects during FY 1971, representing a 9.6 percent increase over 1970, with about 60 percent of women admitted for care being black.

The impact of the M & I projects on infant mortality can be measured in these ways:

1. The increased number of women who request help early in pregnancy so that they get the most benefit from prenatal care. This trend is shown by the following reports:

Project	Percent of Patients Registering in First Trimester	
Tri-County, Colo.	31.1 (1969)	37.2 (1970)
Minneapolis, Minn.	15.3 (1965)	25.2 "
St. Paul, Minn.	10.3 (1967)	18.2 "
Greenville, S.C.	11.8 "	24.6 "
Baltimore, Md.	9 (1-3:1964)	50 (1-3:1971)

For the Maternity and Infant Care projects as a whole, the percentage of new maternity patients seen during the first trimester of pregnancy was 23.0 in 1971 as compared with 18.8 for FY 70, an increase of 4.2 percent in one year.

2. Some of the projects are making marked reductions in the number of mothers being delivered without any prenatal care. In the St. Louis, Mo., project over the past 5 years the proportion of mothers delivering without prenatal care was reduced from 20 percent to 10 percent; in the Albuquerque, N. Mex. project from 45 percent in 1967 to 10 percent in 1970; in Greenville, S.C. from 25 percent in 1967 to 5.9 percent in 1970.

3. Reduction in the number of babies born prematurely also has an effect not only on the infant mortality rate but also on the number of children who are at special risk of having handicapping conditions. These reductions were made at Atlanta's Grady Hospital between 1964, when the M & I project was instituted, and 1970:

- The black premature birth rate has dropped from 19 to 16 percent.
- The number of premature newborns weighing 2,001-2,500 grams has decreased from 738 in 1964 to 519 in 1970.
- The number of premature newborns weighing 1,501-2,000 grams has decreased from 253 in 1964 to 192 in 1970.
- The corrected perinatal mortality rate has decreased from 40.6/10,000 births to 35.9/10,000.
- Mortality among babies weighing more than 4,500 grams has dropped from 11.1 percent in 1962-63 to 0 in 1970.

Inborn Errors of Metabolism

A major effort in the prevention of mental retardation continues to be in relation to phenylketonuria (PKU). This inborn error of metabolism has in the past been responsible for 1 percent of the population in the State institutions for the mentally retarded. By detecting families with the condition and by providing young infants with the condition with a special diet, mental retardation usually can be prevented. MCHS works with State health departments in developing the necessary laboratory facilities and assisting States to provide special diets and follow-up services for these families.

Although many programs were initiated without State legislative requirement, by July 1970 43 States had enacted laws making it mandatory to screen for PKU and other inborn errors.

During the past year, approximately 90 percent of the newborns in the 50 States and the District of Columbia were screened. This screening effort by the States, supported through MCHS, turned up approximately one confirmed case for every 16,000 live registered births.

MCHS is continuing to support a study of the clinical application of screening tests to detect galactosemia, maple syrup urine disease and histidinemia. Support is also being given to studies of new approaches to broader screening methods which would make available a battery of automated tests for detecting metabolic diseases.

Lead Poisoning

In addition to activities planned by the Bureau of Community Environmental Management under authority of P.L. 91-695, the States, supported by Maternal and Child Health Service grants, continue to carry out a considerable program of identification, treatment and management of children with lead poisoning. The existing Children and Youth projects are improving their efficiency in identifying patients with elevated blood lead levels. Support of efforts to develop more effective and efficient screening techniques is continuing by MCHS. In addition to previous MCHS publications on lead, two new publications were produced by MCHS during this period, namely "A Selected Bibliography on Lead Poisoning in Children" and "Watch Out for Lead Paint Poisoning."

Rubella

Many of the babies born with birth defects resulting from the rubella outbreak of 1964 are showing evidence of mental retardation or other handicaps. States are encouraged to use MCHS funds to complete the immunization of children against rubella. (More than 3,700,000 rubella immunizations were given through State MCH programs in FY 70.) Approximately 23 million children were vaccinated during the first 18 months of a national campaign to stop rubella, either in public programs or by private physicians. Currently over half of the children target group (ages 1 year to puberty) have been reached. The national campaign is spearheaded by the Center for Disease Control, HSMHA, with about two thirds of the vaccine used in public programs coming from the Federal government and one third supplied by non-Federal sources, viz., State and local governments, public contributions, medical societies, volunteer agencies and the business community.

III. Training

Under Section 511, Title V, Social Security Act, grants are made for the training of personnel in health care and related services for mothers and children, particularly mentally retarded children and children with multiple handicaps. Training grants are made to public and nonprofit private institutions of higher learning. The bulk of these funds are being used to support staff and trainees in the University-Affiliated Center program.

Training activities are also supported by funds authorized under Sections 503 and 504 of Title V for projects which may contribute to the advancement of maternal and child health and crippled children's services.

University-Affiliated Centers

The program designed to provide comprehensive multidisciplinary training of specialists who will work with the handicapped and retarded is based on a concept of multi-agency funding and multi-departmental university participation. It had its beginning in 1963 under P.L. 88-164, which authorized Federal support in the construction of facilities to house such training efforts. At many of the universities that applied, MCHS was already involved in the funding of clinical services.

In 1965 this role was expanded to include support for faculty and students in the health services component of the training programs, which has now reached approximately 65 percent of its projected development. The planned and projected development of educational, rehabilitation, research and other components of the program have been somewhat slower than anticipated.

During 1971 four additional programs, at the Children's Hospital in Boston, Georgetown University in Washington, D.C., the University of Colorado Medical Center in Denver, and the University of California at Los Angeles, were approved for funding of core faculty and the development of multidisciplinary training programs under Section 511. There is now a total of 19 programs in operation. In 1971 five of the operating programs moved into new facilities designed specifically for their use at the Universities of Miami, Tennessee, Oregon, North Carolina, and Indiana.

The major impact of these programs during 1971 continued to be in improving teaching and service and influencing a variety of basic curriculum changes in the affiliated degree-granting departments, colleges and universities. This is brought about by interrelationships between the colleges and universities and the centers. For example, the colleges are using the centers to train their students and give degree recognition for the training the centers provide. There is a system of dual appointments - the core faculty hold staff appointments in the university department or school as well as at the center. Each health service training unit in the University-Affiliated Centers maintains an average of 17 such relationships through formal agreements.

Comprehensive services to children and families provide the clinical basis for the multidisciplinary training in these programs. In 1971 the 19 programs evaluated over 16,000 children and their families to select the appropriate teaching situations for students enrolled in the program. All of these children and their families received some type of service, either as a model of exemplary care by the faculty and staff or by referral to an existing service program. Over 900 health services positions, representing approximately 725 man-years, were budgeted by these programs to provide this patient service and to carry out the teaching responsibilities.

Although many children and their families do benefit from the special and exemplary services provided by staff and trainees at the centers (such as the 4,000 children receiving dental care), the major responsibility for meeting their health, education and social needs remains with the community. The programs have developed extensive collaborative relationships with a large number of community agencies to meet these needs and to assist in the upgrading of staff skills in the agencies.

The long-term trainees on MCHS stipends in University-Affiliated Centers during FY 1971 included: psychologists, 50; pediatricians and obstetricians, 47; medical social workers, 45; speech pathologists and audiologists, 38; pedodontists, 15; nurses, 8; occupational therapists, 7; physical therapists, 7; psychiatrists, 6; nutritionists, 5; geneticists, 1; administrators, 1.

Community Environmental Management

Mental Retardation

Thousands of small children throughout the nation today are victims of lead-based paint poisoning. Each year, the effects of this disease continue to cause the deaths of many children and mental retardation or other neurological handicaps in many other children. Although statistics on the prevalence of lead poisoning are not available, from recent studies conducted in several cities, it is estimated up to 600,000 children each year are afflicted with high blood lead levels and lead poisoning, of which 6,000 will be permanently handicapped by physical and mental impairments. In addition, an estimated 150 children each year require lifetime institutionalization or care as a result of severe mental retardation from lead-based paint poisoning.

The BCEM has developed guidelines for the operation of effective local programs to control lead poisoning in children and these guidelines were distributed to over 100 communities. In addition, the Bureau supported a demonstration control project in Norfolk, Virginia and initiated testing of a micro blood lead detection technique in New Orleans and New York City. The microtechnique which uses only one or two drops of blood instead of a full needle is much less expensive and troublesome than former methods and will enable large scale lead poisoning detection programs. Project grants in 1972 will support the initiation of lead poisoning control projects in 13 to 15 cities to support 775,000 screenings of children currently at risk of having or acquiring lead poisoning and limited treatment on an emergency basis.

Center for Disease Control

Rubella Immunization

In 1964 and 1965 a major rubella epidemic occurred in the United States, and was responsible for the birth of approximately 20,000 children with congenital rubella syndrome. The economic cost from this pandemic is estimated to be $1.5 billion. Most of these costs were for special educational services, institutional care for retarded rubella babies, and direct medical care for the diagnosis and treatment of children with congenital rubella syndrome.

Following the licensure of a live rubella virus vaccine in 1969, the Center for Disease Control provided the leadership in coordinating a nationwide rubella immunization program supported by federal grants. The initial emphasis was placed upon immunizing young school age children, who are the primary reservoir of rubella virus and most responsible for its spread in the community. Further vaccination of preschool children and of susceptible non-pregnant postpubertal women is recommended.

More than 70 percent of the primary target group has now been immunized against rubella. Total rubella immunizations as of December 31, 1971, now approximate 32 million. Over 25.1 million of these were administered in public immunization programs.

The number of reported cases of rubella has declined substantially each year since introduction of vaccine. Because of the necessary delays, data on congenital rubella syndrome are less complete. However, fewer cases are now being reported than in previous years.

As rubella immunization levels for children continue to increase, control of rubella should become a reality. When this has been achieved, the occurrence of congenital rubella syndrome should be a rarity.

Measles Immunization

The number of measles cases reported during the 1970-1971 epidemiological year exceeded 77,000 and was almost double the number reported in 1969-1970. Data from the 1970 U. S. Immunization Survey indicated that the measles immunization level had decreased from its 1969 level.

During 1971, funds were redirected permitting the Center for Disease Control to support State and local health agencies in measles control programs. As a result, the distribution of measles vaccine increased significantly during 1971. A total of 6.0 million doses were distributed in 1971, the largest number for any year since 1967 and a 23 percent increase over 1970. The Center for Disease Control distributed more than 3 million doses of measles vaccine in 1971.

This increase in measles vaccine distribution coincided with a decrease in the incidence of measles. The number of reported measles cases during the first 16 weeks of the 1971-1972 epidemiological year decreased 42 percent from the number reported during a similar time period one year ago.

In addition, data from the 1971 U. S. Immunization Survey indicated that the immunization level against measles increased significantly from its 1970 level. This increase was most striking among preschool age children residing in poverty areas of large cities, where the level of immunization increased by more than 18 percent in one year.

There are still many areas in the U. S. where satisfactory immunity levels to measles have not been achieved. For the disease to be controlled in the United States the immunity level should be increased to 80-90 percent for all preschool and young school age children and sustained at that level. When this has been achieved, measles will no longer be a major public health problem and measles encephalitis with its associated mental retardation should occur only rarely, if at all.

Western Encephalitis

The Center for Disease Control conducted a follow-up study in Hale County, Texas, on the residual serologic effects of western encephalitis. The study consisted of extensive serologic, psychologic, and intelligence testing to ascertain the presence of abnormalities, particularly with reference to learning ability. The results show that 12 of 35 persons with western encephalitis suffered residual brain damage. Nine of the 12 cases with sequelae were less than one year old and eight had moderate or severe brain damage. Three of these required institutional care and three others were almost totally disabled. This indicates a high risk of severe brain damage for any children under one year of age who have western encephalitis. The estimated long-term cost for a single epidemic year of encephalitis in Hale County exceeds $300,000.

Quarantine Activities

Mental retardation is one of the conditions specified in the Immigration and Nationality Act causing an alien to be considered ineligible to receive a visa except under waiver. The intent of the waiver provision of the law is to keep families together, and the mentally retarded person is eligible only if certain close family relationships exist with someone already legally admissible. The Center for Disease Control is responsible for the review of findings in such cases and the decision on waiverability and on the suitability of proposed care. Care is provided by specialists or by appropriate public or private facilities.

For those mentally retarded aliens admitted to the United States, the Public Health Service reviews arrangements for care in this country. Semiannual reports showing the level of care and progress are required and kept on file at the Center.

Indian Health Services

Prevention of Organically-Based Mental Retardation

The prevention of mental retardation caused by organic factors is best accomplished by continuous, comprehensive, and high quality medical care of pregnant women and their offspring throughout the prenatal, intrapartum, and postnatal periods. The Indian Health Service, through its efforts to provide high quality, comprehensive medical care to its beneficiaries, is reducing the incidence of organically-based mental retardation as well as the wide variety of other diseases and conditions in mothers and infants which the state of the art in medicine now makes at least partially controllable.

The Indian Health Service provides comprehensive medical care during the prenatal, intrapartum, and postnatal periods. This includes both outpatient and inpatient care for the mother and her newborn child.

In the 47 Indian Health Service general hospitals which operate obstetrical services, comprehensive prenatal and neonatal care is given specifically to reduce the incidence of mental retardation. Phenylketonuria (PKU) tests are performed on newborn infants, and infants with a depressed apgar score or who are born prematurely are further evaluated for PKU or other evidence of brain damage.

Where genetic counselling is indicated the Indian Health Service attempts to provide it.

The Indian Health Service has increased the number and frequency of maternal clinics for Indian mothers during the prenatal period and has also expanded its measles and rubella immunization programs for Indian and Alaska Native children, to help prevent the measles encephalitis which has a high residual of brain damage of which mental retardation can be one of several adverse consequences, and the congenital malfunctions brought about by rubella during the first trimester of pregnancy.

Otitis Media, one of the major health problems among the children in the Indian and Alaska Native population, is currently under study in an effort to identify causal factors and to program preventive and corrective measures.

The Indian Health Service continues to develop its PKU blood screening program concurrently with the development of laboratory facilities by States in which their facilities are located. Individual Indian Health Area Offices cooperate with State and local health departments and regional offices in planning mental retardation programs made possible through Federal grants-in-aid funds. The Indian Health Service through its initiation of a nurse-mid-wifery program in Alaska and another one in Arizona, is fully utilizing all possible health staff in the prevention of mental retardation through improved care of expectant mothers and newborn infants.

Recent studies have indicated the value of child-spacing as a measure to prevent mental retardation. An active family planning program is conducted by the Indian Health Service. Family planning assistance, as one phase of the health and welfare continuum, is much broader than birth control and includes infertility studies as well as the promotion of responsible parenthood. In this broad concept it is implemented in the Indian Health Service. Nineteen percent of the Indian women ages 15-44 were provided family planning services in 1971.

Prevention of Functionally-Based Mental Retardation

As part of the on-going comprehensive health program on Indian reservations, mental health projects include prevention, detection, treatment, and planning for functional mental retardation. The Indian Health Service is cooperatively working with Head Start programs throughout all of its areas, and providing extensive consultation to BIA boarding schools and personnel. A model dormitory jointly sponsored by IHS and BIA now in operation over one year is indicative of innovative approaches in prevention of functional mental retardation affecting the early school age child. Its evaluation is nearly complete and indicates a high degree of success.

Indian Health Training Program

The Indian Health Service conducts physician residency training programs in pediatrics in its hospitals in Phoenix and Anchorage. This includes clinical training in the prevention, diagnosis, treatment, and rehabilitation of mental retardation.

The Indian Health Service continues to provide both in-service and out-of-service training in maternal and child health nursing to ensure continuity of service from hospital to home and community. An average of 12 nurses are trained each year. The Indian Health Service continues to develop and use coordinated teaching guides for hospital and public health nursing personnel, designed as aides in teaching good health practices to maternity patients and their families.

Health Care Facilities Service (Hill-Burton Program)

Mental retardation facilities have been eligible for and have received construction assistance from the Hill-Burton program since its inception twenty-five years ago. Up until the passage of the "Mental Retardation Facilities Construction Act" (1963) - P.L. 88-164, Title I, the Hill-Burton program was the primary source of Federal assistance for retardation construction. The Hill-Burton program is proud of the fact that it was the main instrument through which this legislation was enacted and implemented. Since the advent of the specific construction programs for retardation facilities, the Hill-Burton program has been acting primarily as a backup resource for construction aid. As of June 30, 1971, a total of 90 retardation projects have been assisted with over $32 million in Federal funds since the Hill-Burton program began. Hill-Burton personnel in both the regional H.E.W. offices and in the State Hill-Burton agencies have provided expert consultation to the retardation facility programs and to many retardation project sponsors or potential sponsors. Hill-Burton consultation is especially valuable where retardation services are to be provided in a comprehensive health facility or in any combination with other health services.

NATIONAL INSTITUTES OF HEALTH

Introduction

As the primary health research and research support arm of HEW, the National Institutes of Health recognizes its responsibility to help provide solutions to the problems of the estimated 6 million mentally retarded in this country. The search for solutions embraces investigations into the causes, means of prevention, and methods for amelioration of mental retardation. The solutions are concerned with biological, psychological and social factors, acting singly and in interaction, as these shape the course of individual development over the life-span.

Because of the magnitude and complexities of the problem of mental retardation, it is not unexpected that two Institutes at the National Institutes of Health have a major and direct interest in this problem and give wide support to research and training activities in this field. These are the National Institute of Child Health and Human Development and the National Institute of Neurological Diseases and Stroke. Moreover, fundamental research conducted by other Institutes and Divisions of the National Institutes of Health contribute substantially, though less directly, to the ultimate resolution of the problem.

Focal responsibility for mental retardation research and training programming, within the National Institutes of Health, resides in the National Institute of Child Health and Human Development (NICHD). This Institute recognizes the importance of this field to such a degree that an entire branch, one of five in its extramural program, is devoted exclusively to the development and support of mental retardation research and research training. The activities of three of the Institute's four other extramural branches also contribute significantly to the research understanding of the problem. Further, this work is complemented by research investigations conducted within the intramural program of the Institute.

The National Institute of Neurological Diseases and Stroke sponsors research in mental retardation when mental retardation appears as a symptom, complication or sequela of some disease of the central nervous system. Research categorized by NINDS does not specify its relevance to mental retardation and it is difficult to estimate the precise level of funding so allocated. It is clear, however, that a large number of research projects supported by the NINDS can be said to be relevant to mental retardation research, although the interest of the scientist may be in the study of some particular phase of disease rather than in mental retardation directly. The research projects involved use nearly all of the scientific disciplines to some degree.

I. Training of Personnel

It is clear that while research is making progress in supplying information to clinicians of all kinds, a great deal more research remains to be done. A broad attack embracing all the biomedical sciences from fundamental molecular biology through biochemistry, neurophysiology, genetics, epidemiology, pathology, obstetrics, pediatrics on through psychology, sociology and special education must be continually maintained if the ultimate goals of maximum prevention, cure and amelioration are to be attained. This means training of competent investigators with deep knowledge of their primary field plus indoctrination into the special problems of research in the area of mental retardation.

A. National Institute of Child Health and Human Development (NICHD)

The need for more research workers in all fields and disciplines, with primary interest in mental retardation, remains critical. Research training grants which provide support for student stipends, faculty salaries, and necessary equipment and supplies for teaching and research are the primary mechanisms used for stimulating additional training. Seventeen mental retardation research training grants, totaling $1,258,000 were supported by NICHD, in FY 1971. While

substantial, this effort will still fall short of supplying the anticipated requirements for trained scientists. These training grants provide training in basic biomedical research, clinical research and behavioral research. In addition to trainees directly involved in receiving stipends from these programs, a large number of other scholars also benefit from the existence of the specific programs through participation in seminars or courses and use of facilities established for or by the training program. Trainees range from pre-doctoral candidates through post-doctoral trainees with several years of professional experience.

On an individual basis, seven research fellows are being supported. Research career development and research career awards totaled 16 in FY 1971. The fellowship and research career development awards cover basic biology, clinical medicine, and behavioral studies.

B. National Institute of Neurological Diseases and Stroke (NINDS)

While the training program of the National Institute of Neurological Diseases and Stroke is not specifically and exclusively directed towards mental retardation, it is directed toward the development of competent clinical and basic research scientists in the fields associated with the diseases of the nervous system. These disciplines provide the basic tools required for any serious attack on the problem of organically-based mental retardation. Particularly important are the Institute programs for the research training in pediatric neurology, the specialty often required to make the initial diagnosis of mental retardation. Training programs in speech pathology and audiology are fundamental to therapy in the mentally retarded and receive strong support from the Institute. These programs have been maintained at essentially the same level as in FY 71.

II. Research

A. National Institute of Child Health and Human Development (NICHD)

The National Institute of Child Health and Human Development sponsors research over a broad range from almost every branch of the physical, biological, psychological, social and clinical sciences. These investigations are concerned with the etiology, epidemiology, pathophysiology, diagnosis, prevention and amelioration of mental retardation. Of primary Institute concern are fundamental inquiries into the causes and means of preventing mental retardation through research into the biological and behavioral processes which may be influential in the development of this disorder. The Institute's research attack on this complex disorder is implemented through a program of research grant support, the creation and support of special research facilities and resources, the dissemination of scientific information through support of scientific conferences, and contract support of research designed to accomplish specified research objectives.

The attack on mental retardation has been greatly strengthened by the development of special research facilities known as Mental Retardation Research Centers. These Centers were designed to conduct broad interdisciplinary research and to move promptly to apply the results in service programs to prevent mental retardation or help those already afflicted. The Centers, established at twelve institutions across the country, illustrate this Nation's and the Institute's belief that concerted research efforts can contribute most effectively to the resolution of this complex problem.

Much of the research reported below is being carried out in the Mental Retardation Research Centers for which the NICHD is primarily responsible at the Federal level. These twelve centers provide the major research thrust of our Nation's efforts to combat and prevent mental retardation and related disorders of human development. All but one of the centers have completed their construction and nearly all are fully operational. The development of collaborative and interdisciplinary research and research training programs is gradually evolving as laboratory space in the new facilities becomes occupied and scientific exchange and

communication is thus enhanced.

Considerable progress is being made at one of the centers on a large group of genetically determined diseases characterized by the storage and excretion in tissues of mucopolysaccharides. The discovery that fibroblasts cultured from skin biopsies of affected individuals display the metabolic abnormality of these diseases has made possible the intensive study of mucopolysaccharides. Since this group of conditions is characterized by the excretion of a chemical in the urine one could look for the presence of this substance in cell-free amniotic fluid. The rationale is that amniotic fluid is composed, in part, of fetal urine. Center investigators demonstrated an abnormal polysaccharide pattern in amniotic fluid obtained at the 14th week of pregnancy. There was a four-fold increase in the amount of mucopolysaccharide in the amniotic fluid compared to normal controls. The infant was delivered and was found to have Hurler's syndrome. In another patient, who was also at risk to develop Hurler's syndrome, amniotic fluid obtained during the 16th week of pregnancy showed no abnormality. Amniocentesis was repeated at 22 weeks of gestation and was found to have abnormal quantities of sulfated polysaccharides. The liver of the aborted fetus confirmed the diagnosis in utero.

These data indicate that an abnormal polysaccharide pattern can be detected in amniotic fluid. The optimum time for amniocentesis remains to be determined. These investigators are continuing to compare results of chemical analyses with those based on study of cultured amniotic cells. The former test can be completed within two days while the latter is dependent upon the establishment of tissue culture lines which could take a number of weeks and is non-specific. Early prenatal diagnosis is important especially in those states which prohibit therapeutic abortion after a certain gestational age is reached.

Continuing research on PKU provides important information on the efficacy of dietary therapy. In a large scale study of 82 PKU children it was noted that therapy must begin within the first three weeks of life to prevent intellectual retardation. After treatment for an average of 50 months (36-60 months), children may be taken off the diet without detrimental effects.

The early identification of children with handicapping conditions is an important precursor to effective treatment. One NICHD investigator has developed a screening instrument to be applied by health aides from poverty areas. After training, these aides in Denver have now screened 10,000 preschool aged children. The technique is being set up in other cities and states while additional, more simplified tools are being constructed. This activity is a small part of a far-reaching program of research directed toward detection and refined diagnostic procedures.

Studies on intrauterine undernutrition and the nutritional status of migrant children lend further support to the role of this factor in mental development. The analyses of brains from human infants who died at birth and who were small in weight for festation, indicates significant brain alterations and points to the need for intensive postnatal care of such infants. The major nutritional problem among the migrant children was Vitamin A deficiency which correlated statistically with a high level of skin and upper respiratory infections. Other protein and vitamin deficiencies and elevated cholesterol levels were also found. This latter finding may have relevance to adult disease conditions.

Several types of mental subnormality are associated with chromosomal abnormalities. Significant progress has been made in cytogenetic research of relevance to these disorders. An Institute-supported investigator has recently devised a simple, quick, and accurate method to identify each human chromosome. This important finding will make the diagnosis of chromosomal defects more precise and is particularly significant at this time when increased demands are being made for genetic counseling.

The research activities of the Centers encompass a wide range of basic,

clinical and applied effort in biomedical, behavioral and social science areas. In some instances, several centers are concentrating on the same problem--the effect of social environmental deprivation on cognitive function; biochemical abnormalities and brain development; neurological sequelae to disturbances during pregnancy, etc. Not infrequently, a single center may mount a multidimensional approach to a given problem of major import. Thus, the center at the University of California at Los Angeles places great emphasis on the "high-risk" infant, on the contribution of abnormal labor and delivery to retarded development, the role of prenatal nutrition and postnatal temperature and diet, the development of intervention methods to prevent neurological damage in premature infants. Such efforts illustrate the high degree of coordination and collaboration between clinical and laboratory investigators which increasingly characterize center programs. These approaches hold great promise for meaningful solutions to the complex problem of mental retardation.

The concentrated study of inborn errors of metabolism, in addition to the already well known investigations and partial remedies for phenylketonuria and galactosemia, has yielded significant and possibly unexpected results. One investigator, for example, has discovered that kidney transplantation may provide a possible means of controlling Fabry's disease and other inborn errors. This disease is a glycolipid storage disorder primarily affecting the kidneys and ultimately resulting in death through renal failure. The principle of organ transplantation to supply missing or inactive enzymes may have useful application where the blood-brain barrier is not involved.

The role of protein metabolism in brain growth is being studied in several ways. A center investigator has found that there are three hormones without which neural outgrowth cannot take place. These same hormones are essential for protein synthesis and plysome formation. In a related study, protein deficient female rats gave birth to litters having a reduced number of cortical neurons. These effects are transgenerational; even if the first generation offspring are properly fed, the second generation continues to have fewer neurons and a higher rate of mortality and morbidity.

With increasing utilization of prenatal diagnosis through transabdominal amniocentesis in an effort to identify chromosomal disorders, the demands on existing cytogenetic laboratories is mounting. Due to insufficient numbers of trained personnel to meet the demand, the Institute is utilizing research grants and contracts to encourage development of an automated system for chromosomal analysis using computer technology. Here, collaboration between biological and physical scientists has engendered significant progress which may eventually culminate in the development of an accurate, rapid, and economical program.

Contracts are an important mechanism employed by the Institute to sponsor and guide research in areas that are underinvestigated and significant to the research mission of the Institute. The relationship of malnutrition to mental development represents one of these areas. Two contracts, one in a rural area in South America, the other in a large, disadvantaged urban population provide nutritional supplementation to pregnant women to determine the effects on birth weight and later physical growth and mental development. Laboratory and biochemical studies on the by-products of these pregnancies are also being conducted to understand the physiological processes involved. A third contract in this general area is focused on the assessment of mental performance, physical growth and behavior of school aged children who were hospitalized during the first two years of their lives for severe malnutrition. Preliminary data from these studies suggest that birth weight can be significantly increased by nutritional supplementation during pregnancy and that severe malnutrition early in life can seriously retard intellectual capacities.

Another Institute-sponsored contract is directed toward evaluating the effectiveness of written materials as a tool for parental use in modifying the behavior of their retarded children. The successful application of behavior modification techniques by parents or non-professionals is well established.

Many parents, however, do not have access to such training opportunities and have the additional problem of relatively uncontrolled home settings in which to shape behavior. The purpose of this contract is to develop and evaluate materials that might be used independently by parents or to assess what further supplementary help would be required to satisfy goals for behavioral change.

Premature and immature births represent one of our largest single public health problems in terms of infant mortality and ultimate outcome. Intensive research efforts are underway to determine the causes and means of prevention of premature and immature births--and to develop measures to mitigate the adverse effects of these birth conditions. Because many of these salvaged low-birth-weight infants ultimately develop neurologic and learning difficulties they constitute a special "high-risk" population. Institute concern for their development has resulted in the initiation of a contract, the purpose of which is: a) to develop new diagnostic techniques and relate these to established ones, so as to best delineate those aspects of psycho-physiological functioning that indicate continuing risk for infants through the early months of life, and b) to ameliorate or modify this risk status by means of an intervention program implemented from three to twenty-four months of age.

Another important contract activity concerns the modification of available measures and the development of new procedures to assess the relationship between hearing impairment and language disability. This relationship, of particular importance during the early development years, will be studied using children under three years of age. This research will develop a base for the improved early detection and habilitative programming for communication disorders among retarded children.

Scientific conferences play a useful role in disseminating scientific information and in laying the foundations for moving new research findings toward programs for services to the retarded. Institute supported conferences contributed importantly to these objectives during this fiscal year.

An Institute supported conference on Antenatal Diagnosis considered a number of genetic diseases of amino acid, glycogen, carbohydrate and lipid metabolism as well as disorders involving chromosomes which can be diagnosed before birth. Included was a report of a study of a biochemical abnormality in cells grown in tissue culture obtained from patients with Hurler's Syndrome which was corrected when normal cells were added to the culture medium. This procedure, called complementation, provides a new approach for future research in correcting genetic diseases causing mental retardation.

Another Institute sponsored conference considered the subject, Human Sexuality and the Mentally Retarded. Participants representing the fields of biology, medicine, psychology, physiology, theology, education and law, discussed various aspects of human sexuality as they relate to the emotional, educational, and physical development of mentally retarded individuals.

Methodological Approaches to the Study of Brain Maturation and Its Disturbances was the subject of the third in a series of Mental Retardation Research Centers Conferences. Held at the center at Albert Einstein College of Medicine, Yeshiva University, the conference considered the disturbances which may be impressed on the immature brain by genetic abnormalities, trauma or other perturbations of the external or internal environment. Of particular concern was how these various factors contribute to deficiencies in information processing, disorders of sensorimotor integration and language capability and other disturbances of "higher nervous activities."

B. National Institute of Neurological Diseases and Stroke (NINDS)

One of the Institute's major efforts which has great interest for mental retardation research is a collaborative project with 14 cooperating institutions

investigating the prenatal, perinatal and postnatal factors relating to the development of children. The Collaborative Perinatal Research Project of the NINDS has made and recorded detailed observations on some 58,000 pregnancies. Most of the surviving children have been given a series of tests until eight years of age, or at least through the first year of school.

The study is producing information about the distribution of characteristics such as serum immunoglobulin levels, the consequences of elevated neonatal bilirubin levels, the distribution of physical and intellectual measurements, and the frequency of certain abnormal conditions. The importance of low birthweight as a determinant of perinatal death, neurologic abnormality, and intellectual development has been one of the study's key findings to date.

Some 500 papers have come out of the study, which was begun in 1959, and the first major publication, a volume entitled The Women and Their Pregnancies, will be out within the next few months. A second major volume, also in preparation, will describe the infants, their nursery characteristics, and medical and developmental events during the first year of life.

Among the 1,500 genetic disorders which can afflict man are the inborn errors of metabolism usually due to a missing or faulty enzyme. Of the approximately 200 known inborn errors of metabolism--many of which cause severe mental retardation and often early death--about 40 can now be diagnosed before birth by tests on the amniotic fluid and its cells.

Although only a small number of these disorders are amenable to therapy, many of them are preventable through genetic counseling because prenatal diagnosis and carrier detection are possible.

All of the nine known lipid storage diseases, for example, can be diagnosed through study of the amniotic fluid because of the sophisticated and pioneering biochemical research of NINDS intramural scientists and grant-supported investigators. This group of disorders--which includes Tay-Sachs disease--often cause severe mental retardation.

Research in this fruitful area is continuing to discover how early in uterine life the disorders appear and how they affect the central nervous system to cause mental retardation. Such studies have already given clues on potential treatment for some of the disorders. Other research is aimed at perfecting prenatal diagnosis and carrier identification tests which could lead to the near-total eradication of such inborn errors of metabolism.

Minimal brain dysfunction in children is receiving more emphasis in recognition and evaluation of the problem. A thirty-minute 16 mm color film showing the daily activities of children in kindergarten, first and second grades portrays vividly the problems of children with learning disabilities. Entitled Early Recognition of Learning Disabilities, it can be secured from the National Audiovisual Center, National Archives and Records Services, Washington, D.C. 20409.

Mental retardation often follows hydrocephalus and brain tumors in childhood. An effort to develop appropriate surgical or pharmacological therapy is showing considerable progress. The use of antitumor materials tagged with radioactivity has provided a more rational approach to chemotherapy. The development of a functional tomoscanner adds a new dimension in scanning precision that increases capability in tumor detections.

SOCIAL AND REHABILITATION SERVICE

Introduction

On August 15, 1967, the Social and Rehabilitation Service was established by the Secretary, Department of Health, Education, and Welfare, to join under a single leadership income support programs for needy Americans and the social and rehabilitation programs, including services for the mentally retarded.

Five of the eight major components of the Social and Rehabilitation Service have responsibility for providing income maintenance, medical services, social services, and rehabilitation services for the economically, physically, and mentally handicapped. These bureaus and offices administer the legislation concerned with the care and provision of services for retardates and their families in the following order: Assistance Payments Administration, Social Security Acts, Titles I; IV, Part A; VI; X; and XIV. Medical Services Administration, Social Security Act, Title XIX. Community Services Administration, Title IV, Part A and B; Office of Planning, Research, and Training, Title VII, Section 707 and Title XI, Sections 1110 and 1115; Rehabilitation Services Administration, the Vocational Rehabilitation Act of 1965, as amended; the Developmental Disabilities Services and Facilities Construction Act of 1970, and various other Acts or portions of Acts such as the PHS Act, concerned with the health and welfare of the mentally ill or retarded. Following is a description of the Social and Rehabilitation Service's efforts on behalf of the mentally retarded.

Assistance Payments Administration

The Assistance Payments Administration has primary responsibility for grants to States for public assistance programs under the Social Security Acts, Title I, Old-Age Assistance; Title IV, Part A, Aid to Families with Dependent Children and Emergency Welfare Assistance; Title X, Aid to the Blind; Title XIV, Aid to the Permanently and Totally Disabled. It is in the program of Aid to the Permanently and Totally Disabled that Federal financial participation is available to help needy individuals who also may be mentally retarded through State-administered or -supervised public welfare programs.

Mentally retarded persons eligible for money payments under the "Aid to the Permanently and Totally Disabled" program account for about 16 percent of all APTD recipients. Based on this statistical calculation, it is estimated that during FY-1973 approximately $132,000,000 in Federal funds will be provided to States for income support of the mentally retarded.

Medical Services Administration

The Medical Services Administration administers Title XIX of the Social Security Act as amended--Grants to States for Medical Assistance Programs--popularly called Medicaid. Mentally retarded individuals receive the same benefit in medical care as any other medical assistance recipient. The amount and scope of the services depends on the individual State plan.

Statistics for the number of patients to be served and money required during fiscal year 1973 are not available. It is known that sixteen States and the District of Columbia make claims through Title XIX for care in hospitals or skilled nursing units in State institutions for the mentally retarded. It can only be estimated that during FY-1973, $200,000,000 will be used in Federal funds by States claiming funds for medical services for the mentally retarded. Nine States also claim funds for medical services to the mentally retarded in skilled nursing homes outside of State institutions. It is probable that other States make use of similar facilities, although data are not available.

The 1971 amendments to the Social Security Acts rescinded Section 1121 of Title XI of the Acts, and transferred the responsibility for Intermediate Care Facilities to Title XIX, Section 1905. This transfer necessitated the shifting of the administration of the Intermediate Care Facilities program from the Assistance Payments Administration to the Medical Services Administration. Section 1905 specifies that Intermediate Care Facilities shall be available for the mentally retarded or persons with related conditions if the facility provides health or rehabilitative services. It also specifies that care shall be provided for the mentally retarded in public institutions--an intermediate care facility being defined as an institution which provides services less than a skilled nursing home, but is somewhat more than a boarding home. No estimate is available for the additional costs associated with the transfer of Intermediate Care Facility provisions to Title XIX because inclusion of coverage of the mentally retarded in public institutions by the Congress was not anticipated. The estimates provided, therefore, in the table of obligations are based on costs estimated for Intermediate Care Facilities under Title XI, Section 1121.

Community Services Administration

The Community Services Administration has responsibility for administering the Social Services program under Title IV, Part A, and Child Welfare Services under Title IV, Part B of the Social Security Acts.

The Social Services program provides services to families and children receiving Aid to Families with Dependent Children money payments and to former or potential recipients at the option of the State. Among the services provided under this program are services to children who are mentally or emotionally disturbed. Social Services related to mental retardation may include:

(1) Day Care Services--offering constructive experiences for some retarded children and necessary relief for their parents. This service may be the key factor in determining whether a mentally retarded child can remain with his family.

(2) Foster Care--short-term foster care at intervals or during periods of crisis may enable a retarded child's family to provide adequately for him at home for the most part. For other retarded children, foster family care permits long-term benefits of family life and community living.

(3) Other Services--protective service can reduce the incidence of child abuse, thus helping to alleviate some of the causes of mental retardation. Prenatal services to unmarried and other needy expectant mothers also help to reduce the incidence of mental retardation.

The basic purpose of the Child Welfare Services program is to protect children from abuse, neglect, exploitation, or delinquency and to assure that they have an opportunity for normal development and an adequate home life. Although funds authorized under this program are not specifically earmarked for serving the retarded, mentally retarded children benefit from services provided. Child Welfare Services that are rendered to retardates and their families include: parent counseling, homemaker services, day care services, foster family care, care in group homes, adoption services, services to unmarried mothers, and certain institutional pre-admission and after care services.

During fiscal year 1973, approximately 43,000 mentally retarded children will receive services under the Child Welfare Services program and 456,000 will receive services under the Social Services program.

Office of Planning, Research and Training

Accurate appraisal of the abilities of retardates is a crucial first step in the rehabilitation process leading to competitive employment, increased earnings and independent community living. As services are extended into ghetto areas to reach more and more of the functionally retarded whose handicaps derive from social and cultural deprivation, it becomes increasingly necessary to refine techniques of social, educational and vocational training most likely to help a retardate achieve full participation in the economic and communal life of the country. Precise evaluation of individual potentials and the effectiveness of various rehabilitation approaches is an equally important prerequisite for development of innovative patterns of service to the profoundly retarded.

A comprehensive overview has been completed for types of training programs given the retarded throughout the United States and the environmental and personal characteristics that have contributed to their vocational adjustment. Similarly, a project studied the later social and vocational adjustment of 575 retarded individuals discharged from a training center over a 9-year period (1952-1961) to determine those variables that facilitated their ability to get along in society. A satellite workshop program has demonstrated that several workshops in inner city areas were able to provide a variety of prevocational and vocational training experiences which they could not have provided separately.

Future projects will be concerned with improved delivery of services to retardates in model city neighborhoods. A new emphasis will be on rehabilitation of the retarded delinquent. Community organization projects will demonstrate in several model cities ways of involving parents of retardates in the rehabilitation process.

Complementing domestic programs, international research in mental disabilities will emphasize projects dealing with non-institutional rehabilitation of the mentally retarded and the mentally ill. Projects in Yugoslavia will be developed to explore factors which influence the success of mentally retarded workers in various industrial occupations. A new approach for rehabilitating mentally retarded adolescents on a team basis will be attempted in several countries using PL-480 funds.

This office also administers selected demonstration projects that seek to coordinate community resources for the mentally retarded. Particular attention is given to coordination between special education and vocational rehabilitation agencies. Rehabilitation research and training centers for the mentally retarded provide for the diagnosis, evaluation, treatment and training, vocational counseling and placement of the mentally retarded.

Rehabilitation Services Administration

The Rehabilitation Services Administration is responsible for a broad range of programs designed to provide rehabilitation services for the developmentally disabled including the mentally retarded. These programs cover support for planning, administration, services and the construction of community facilities through formula grants to States as well as support project grants designed to reduce the resident population in large State institutions for the retarded by making available specialized community services and by increasing the use of generic services. Also included are grants for: Core support of interdisciplinary training programs in university affiliated facilities for manpower needed in care and treatment of the developmentally disabled; improvement of services in State residential facilities for those retarded who are appropriately placed; training of professional, supportive and technical personnel already engaged in occupations involved in the care and rehabilitation of the developmentally disabled; planning and construction of rehabilitation facilities and sheltered workshops; special projects for expansion and innovation of vocational rehabilitation services.

These diverse activities are unified by the common goal of assisting the developmentally disabled, including the mentally retarded to achieve and maintain the maximum personal, social and economic competence of which they are capable. Underlying these activities is the continuing concern for expanding opportunities and resources available to the substantially handicapped among the developmentally disabled.

1. Developmental Disabilities

a. Formula Grants to States

The Title I, Part C of the Developmental Disabilities Services and Facilities Construction Act of 1970 (P.L. 91-517) which amended the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (P.L. 88-164) authorizes formula grants to States for comprehensive planning, administration, services and construction for the developmentally disabled. The 1963 Act limited Federal support to facilities and programs for the mentally retarded. The 1970 Act extends support to include not only mental retardation but also cerebral palsy, epilepsy, and other neurological conditions approved by the Secretary. The Developmental Disabilities Act calls for Federal, State and local governments and voluntary agencies to share responsibilities for establishing and maintaining programs that will enable the developmentally disabled to: (1) enhance their physical, intellectual, and social capabilities to the fullest extent possible; (2) gain emotional maturity commensurate with social and intellectual growth; and (3) attain wherever possible skills, habits, and attitudes essential to living a personally satisfying life.

Federal support is available for a wide range of diversified services in terms of life time human needs of the developmentally disabled. The Act provides for the co-mingling of funds under this program with those of other State programs. This facilitates the development of comprehensive services for the developmentally disabled through the combination and integration of the efforts in both specialized and generic services of several State agencies representing diverse areas such as health, welfare, education and rehabilitation, without imposing a set pattern of services on any one State.

Comprehensive planning of needed services and facilities providing for more efficient and effective utilization of existing human and fiscal resources at all levels is required. New or innovative programs will be developed to fill gaps in existing services and to expand the reach of existing services among new groups of individuals. Services and resources of all State, regional, and local agencies assisting the developmentally disabled will be integrated.

Responsibility is placed at State level for developing strategies for the successful implementation of the program. Use of Federal funds must not result in a decrease in the level of effort at State and local levels in providing services to persons with developmental disabilities. To the extent feasible, this program should stimulate an increase in effort.

To receive Federal funds under the program, States must submit State Plans to the Regional Commissioner, SRS for approval. The State Plan must include a description of how other State-Federal programs provide for the developmentally disabled and how the new program will complement and augment, and not duplicate, these programs. At least 9 programs must be taken into account: vocational rehabilitation; public assistance; social services, crippled children's services; education for the handicapped; medical assistance; maternal and child health; comprehensive health planning; mental health.

Because of a correlation between poverty and developmental disabilities, a higher Federal share is provided for areas of urban or rural poverty. These higher rates of support offer new incentives to alleviate existing inequities.

The Federal Share of support varies according to the type of program to be supported as indicated in the following chart:

	Services		Construction	
Fiscal Year	Regular	Poverty Areas	Regular	Poverty Areas
1971	75 percent	up to 90%	up to 66-2/3%	up to 90%
1972	75 percent	up to 90%	up to 66-2/3%	up to 90%
1973	70 percent	up to 80%	up to 66-2/3%	up to 90%

The State plans for the new programs for the developmentally disabled for fiscal year 1971 were submitted during fiscal year 1972 and were primarily an up-dating of the comprehensive mental retardation plans for services and construction of facilities authorized under P.L. 88-156 and P.L. 88-164 respectively. In the initial plan for the developmentally disabled States were required to give attention to the needs of the cerebral palsied and epileptics. Use of the comprehensive mental retardation plans for services and for construction was permitted because of the lateness in which fiscal year 1971 appropriations were made available to the States and because regulations were not approved. In addition, a number of State agencies had not been designated to administer or supervise the administration of the plan prior to June 30, 1971. Considerable latitude was given the States when they were advised that the language of the fiscal year 1971 appropriation Act permitted funds to be carried over into the subsequent fiscal year for expenditures. Such action allowed the States to devote more time to plan for high priority programs. The fiscal year 1972 State plans will reflect even more comprehensive programing of services.

In fiscal year 1971, $11,215,000 was appropriated for this program. In fiscal year 1972, the appropriation is $21,715,000. One percent of the 1971 funds has been set aside for evaluation. In 1972, 10 percent of the appropriation will be used for projects of national significance and to continue the evaluation program. Approximately 55% of allotted funds for fiscal year 1971 have been earmarked for services by States and 22.5% for construction. The remaining allotted funds have been earmarked for planning and administration.

Approximately 11 million dollars were appropriated under P.L. 90-170 in fiscal years 1969 and 1970 to implement the initial staffing of community mental retardation facilities program. Of the amount awarded 50 percent was used to support projects serving residents of model cities. During this time a total 459 individual projects were approved, which were sponsored by local and non-profit community organizations or by public agencies to benefit over 119,000 retardates. Grants are made on a declining basis for 51 months, the grant may not exceed 75 percent of the cost for the 15 months, 60 percent for the next year, 45 percent for the third year, and 30 percent for the last 12 months. Approximately 50% of these grants are approaching the final year for Federal financial participation.

As of June 30, 1971, 439 projects have been approved. One hundred and fifteen (115) facilities completed and in operation, and 324 facilities under construction or approved for construction. These facilities will provide care and treatment for approximately 136,000 retarded persons. The estimated total cost of these projects is over $252 million with an estimated Federal share of $105 million.

b. University-Affiliated Facilities for the Developmentally Disabled

Under Title I, Part B of the Developmental Disabilities Services and Construction Act of 1970, the University Affiliated Facilities for the Developmentally Disabled Program provides for Federal support for interdisciplinary training in institutions of higher learning as well as for the construction of facilities to house these programs. Grants may be made to cover the costs of administering and operating demonstration facilities and training programs for personnel needed to render specialized services to persons with developmental disabilities. Grants may also be made to assist in planning for construction of facilities to house these programs.

In fiscal year 1972, $4,250,000 was appropriated for this program. Grants will be made to the facilities listed below and their satellites to partially fund expenses of administration and operation. Additionally, eight (8) grants will be made to centers which applied for construction grants when funds were unavailable. One center which is initiating interdisciplinary training will be funded for start up costs.

Among the professional disciplines trained in these facilities are medical personnel, dentists, nurses, speech and hearing therapists, nutritionists, physical therapists, occupational therapists, rehabilitation specialists, special educators, psychologists, social workers, recreational specialists and chaplains. Each facility is encouraged to conduct a comprehensive program so that each discipline involved in the habilitation and rehabilitation of the developmentally disabled may be fully familiar with the contributions of the other disciplines.

Approved projects for the construction of university-affiliated facilities for the developmentally disabled are: Children's Rehabilitation Institute, Reisterstown, Maryland; University of Colorado, Denver, Colorado; Walter E. Fernald State School, Waltham, Massachusetts; Children's Hospital Medical Center, Boston, Massachusetts; Georgetown University, Washington, D. C.; University of California Neuropsychiátric Institute, Los Angeles, California; University of Alabama Medical Center, Birmingham and Tuscaloosa, Alabama; Indiana University Medical Center, Indianapolis and Bloomington, Indiana; University of North Carolina, Chapel Hill, North Carolina; University of Tennessee, Memphis, Tennessee; New York Medical College, New York, New York; Georgia Department of Public Health, Atlanta and Athens, Georgia; University of Oregon, Portland and Eugene, Oregon; University of Miami, Miami, Florida; Utah State University, Logan, Utah; the University of Kansas, Lawrence, Kansas City and Parsons, Kansas; University of Wisconsin, Madison, Wisconsin; Ohio State University, Columbus, Ohio; and the Children's Hospital, Cincinnati, Ohio. One additional center, University of Washington, Seattle, Washington, received funds from Title I, Part A of the Act.

c. Project Grants for Rehabilitation of the Mentally Retarded

The program of Projects Grants for Rehabilitation of the Mentally Retarded is administered by the Division of Developmental Disabilities, Rehabilitation Services Administration of the Social and Rehabilitation Service. Any questions or requests for clarification should be directed to the appropriate DHEW Regional Office.

The purpose of project grants administered by the Division of Developmental Disabilities under the provisions of Section 4(a)(1) of the Vocational Rehabilitation Act, as amended by the Vocational Rehabilitation Amendments of 1968, is to pay part of the cost of organized, identifiable activities which are undertaken to contribute to the rehabilitation of mentally retarded individuals generally not eligible for vocational rehabilitation services. Grants provide for expansion or establishment of programs serving the mentally retarded, application of new techniques for rendering services, coordination of resources and information, and for increasing the number and types of specialized personnel working with the retarded.

The activities undertaken should be directed towards the goal enunciated by the President in November 1971 of reducing the population in residential institutions and towards achieving the Department Objective (43C-Institution-Community Interaction). In particular these would be directed toward (1) relieving overcrowdedness by (a) finding alternative services for those inappropriately institutionalized, (b) preventing inappropriate admissions by serving the waiting lists, and (c) preventing readmission through a variety of supportive services; (2) revitalize rehabilitation programs for those appropriately placed in institutions with the goal of discharge as soon as possible; and (3) training institutional and community personnel to carry out the above activities.

Projects may include, but are not limited to, activities such as the following:

(1) Utilization of newly developed techniques and methods that have been found to be effective in the rehabilitation of the mentally retarded.

(2) The extension of mental retardation programs and activities to areas of urban or rural poverty.

(3) The initiation or expansion of programs for mentally retarded individuals with special problems such as multi-handicapped adolescents, mentally retarded adults who might not be eligible for vocational rehabilitation services, or mentally retarded children who cannot profit from available education or vocational rehabilitation programs.

(4) The initiation, expansion, and extension of present rehabilitation services in order to serve additional numbers of mentally retarded persons.

(5) Special training of personnel in disciplines or occupations contributing to the rehabilitation of the mentally retarded.

(6) Student Work Experience and Training (SWEAT) to provide a guided work experience program to help young people learn about career opportunities in mental retardation while serving the retarded.

In fiscal year 1972 approximately 72 new projects will serve 1,460 individuals and provide inservice training to 696 people.

In fiscal year 1971, students were hired for summer work with retarded persons on 57 projects in 43 states, with an obligation of $612,086.

d. Mental Retardation Hospital Improvement

The Mental Retardation Hospital Improvement Grant Program is designed to assist State institutions for the mentally retarded to improve their care, treatment, and rehabilitation service. The program is specifically focused on the demonstration of improved methods of services and care, as opposed to research exploration or the development of new knowledge.

Only State residential institutions for the mentally retarded are eligible to apply for these grants. These State institutions are defined as those residential facilities under the administrative direction of State agencies responsible for such institutions. The maximum amount of support, including direct and indirect costs, that an institution can receive under this program for any one budget period (usually 12 months) is one hundred thousand dollars ($100,000). Individual projects are normally approved for no more than a five-year period. Projects are planned in response to high priority needs in relation to the overall institution plan and are directed toward the ultimate improvement of resident care throughout the institution.

An analysis of the current Hospital Improvement Projects shows that a majority of the projects is focused on specialized services for residents who will require long-term care and treatment. A number of these projects involve retardates functioning at the severe and profound levels of retardation; some involve residents with multiple handicaps; and a few are concerned with aged residents. Demonstration projects for these more severely retarded and dependent residents are emphasizing personal development by means of self-care training, socialization experiences, intensive medical diagnosis and treatment, and opportunity for improved speech.

A number of projects have focused on special program areas, such as pre-vocational training for adolescents, and programs of treatment, training, and social habilitation. Other projects provide a diversified range of improved services, such as placement preparation, speech therapy, medical-physical diagnosis and treatment, recreation services, social-vocational habilitation, diagnostic study with improved records and program planning and use of the unit system, all of which enhance the development of an institution-community continuum of services.

For fiscal year 1971 there have been a total of 51 Hospital Improvement projects with expenditures of $6,795,944.

The coordination of institutional programs with community services programs and statewide comprehensive planning activities remains an important objective of the Mental Retardation Hospital Improvement Program.

e. Hospital Inservice Training

The Hospital Inservice Training program provides a means for increasing the effectiveness of employees in State residential institutions for the mentally retarded.

Fifty-two State residential facilities are receiving a total of $1,772,191 through the Hospital Inservice Training Program and are translating the rapidly expanding body of knowledge about practices in the care of the mentally retarded into more effective services.

Hospital inservice training has been broadly defined to include: pre-service training, job-related training, inservice training, continuing education, special training and technical training needed to introduce new methods, and training of personnel which will result in an improved quality of care for the mentally retarded residing in institutions.

Because personnel such as attendants, houseparents, aides, and others in similar personnel categories comprise the major portion of those rendering direct care to institutionalized retardates, the first major area of grant support was extended to these personnel. Grant support is available for inservice training of all professional, sub-professional, and technical personnel who have direct responsibilities for resident care and training.

There are four general types of training supported by inservice training grants to institutions for the mentally retarded: (a) initial on-the-job training for employees; (b) refresher, continuation, and other special job-related training courses; (c) continuation training for technical and professional staff to keep them informed of new developments in their fields which can be translated into more effective patient service; and (d) special instructor training for staff with inservice training responsibilities aimed at providing a cadre of personnel to continue and extend the institutional training program.

The content of the training programs includes general instruction in the areas of mental retardation; child growth and development; patient-staff relations; human behavior; intra-staff relations; supervisory skills; communications skills; adjunctive therapy skills; and development of community-living skills.

f. Collection and Dissemination of Information

Mental Retardation Abstracts is a specialized mental retardation abstracting and information service published by the Division of Developmental Disabilities, Rehabilitation Services Administration, Social and Rehabilitation Service. Specifically, this service is designed to meet the needs of investigators and other workers in the field of mental retardation for comprehensive information about new developments and research results and to foster maximum utilization of these results.

Mental Retardation Abstracts is published quarterly under contract with Herner and Company, Washington, D. C. who collects all the current world literature on mental retardation, writes informative abstracts, indexes the literature and compiles annotated bibliographies on various topics.

Special annotated bibliographies have been prepared on: (1) Programmed Instruction with the Retarded; (2) Literature for Parents; (3) Application on the Stanford-Binet and Wechsler Intelligence Scales with the Mentally Retarded; (4) Nursing and Mental Retardation; (5) Family Care and Adoption of Retarded Children; (6) Psychotherapy with the Mentally Retarded; (7) Recreation for the Retarded; (8) Counseling Parents of the Mentally Retarded; (9) Sheltered Workshops for the Mentally Retarded; (10) Films on Mental Retardation; (11) Psychopharmacological Therapy with the Mentally Retarded; (12) Electroencephalographic Studies Relating to Mental Retardation; (13) Hydrocephalus; (14) Mental Retardation and Religion; (15) A Selected List of Teaching Materials Regarding Mental Retardation for Faculty of Schools of Social Work; (16) Architectural Planning for the Mentally Retarded to Remove Barriers and Facilitate Programming; (17) Inservice Training in Institutions for the Mentally Retarded; (18) Behavior Modification of the Mentally Retarded; (19) Dental Care for the Mentally Retarded; (20) Malnutrition and Mental Retardation; (21) Research and Learning with the Mentally Retarded; (22) Education and Psychological Services for the Mentally Retarded Deaf: (23) Selected Bibliographies and Surveys on Mental Retardation.

Review articles and critiques have been prepared on: (1) Mental Retardation: Definition, Classification, and Prevalence; (2) Research on Linquistic Problems of the Mentally Retarded; (3) Attendant Personnel; Their Selection, Training and Role; (4) Research on Personality Disorders and Characteristics of the Mentally Retarded; (5) Effects of Severely Mentally Retarded Children on Family Relationships; (6) Factor Analysis and Structure of Intellect Applied to Mental Retardation; (7) Counseling Parents of the Mentally Retarded; (8) Genetic Aspects of Mental Retardation; (9) Instrumental Learning in Mental Retardates (10) Vocational Rehabilitation of the Mentally Retarded: The Sheltered Workshop; (11) Relationships between Educational Programs for the Mentally Retarded and the Culturally Deprived; (12) A Decade of Research on the Education of the Mentally Retarded; (13) Application of Operant Conditioning Techniques to Institutionalized Severely and Profoundly Retarded Children; (14) Adaptive Behavior: A New Dimension in the Classification of the Mentally Retarded.

The abstracts and annotated bibliographies appear in the quarterly journal Mental Retardation Abstracts, and may be obtained through subscription directly from the Superintendent of Documents.

2. Vocational Rehabilitation Services

Under the public rehabilitation program, grants are made to State vocational rehabilitation agencies to assist them in providing rehabilitation services to mentally and physically disabled individuals who have substantial employment handicaps and who can reasonably be expected to be rehabilitated into gainful employment. Among the services provided by State vocational rehabilitation agencies are comprehensive medical, psychosocial and vocational evaluation; physical restoration; counseling; personal adjustment, prevocational and vocational training; maintenance and transportation during the rehabilitation process; placement in suitable employment; services to families of handicapped people when such services contribute substantially to the rehabilitation of the handicapped client; recruitment and training services to provide new careers for handicapped people in the field of rehabilitation and other public service areas; and follow-up services to assist handicapped individuals to maintain their employment.

Recent years have seen dramatic advances in the provision of vocational rehabilitation services to the mentally retarded. The retarded now comprise about 14% of the people rehabilitated from all categories of disability by the State-Federal program of vocational rehabilitation. In 1972, about 43,700 retardates will be rehabilitated.

Basic to the vocational rehabilitation effort has been the growing reliance on counselors and other vocational rehabilitation staff who work exclusively with retarded clients. This specialized staff may be assigned to local vocational rehabilitation offices, schools, institutions, sheltered workshops, or other facilities serving the mentally retarded. By concentrating their attention on the mentally retarded clients, these counselors are successfully developing rehabilitation plans based on the special problems of the retarded, and are able to be broadly responsive to the needs of both the client and his family. As special vocational rehabilitation and facilities for the retarded continue to be developed and expanded, the number of specialized counselors within State vocational rehabilitation agencies is expected to increase.

The specialized vocational rehabilitation staff working with the mentally retarded has been particularly effective in the development of cooperative vocational rehabilitation-school programs designed to assist the retarded young person make a satisfying transition from school to work. These cooperative school programs are found in many communities through the country and have

greatly strengthened both special education and vocational rehabilitation efforts with the mentally retarded. The cooperative program structure varies from State to State, and the variety of approaches is extraordinary. In some States, program administration is Statewide and in others there are individual agreements with individual school districts. Some programs function only to serve the mentally retarded, while other include youth with all kinds of disabilities. In some States, only vocational rehabilitation and special education are administratively involved, while other representation includes vocational education.

Most cooperative arrangements have brought about the development of vocationally oriented curricula within the schools. All of them, however, provide for a comprehensive evaluation of the retarded young person's vocational rehabilitation potential; the provision of personal adjustment and pre-vocational training; counseling; on-the-job training and work experience; job placement, follow-up and related vocational rehabilitation case services.

The number of retarded young people enrolled in cooperative vocational rehabilitation work-study programs is increasing steadily as new programs are developed. These cooperative programs have proven themselves effective in reducing the school dropout rate of retarded youngsters and have provided a technique for continuous service to youngsters during the school years when they are best able to benefit from them.

Another emphasis of State vocational rehabilitation agencies have been the establishment of rehabilitation facilities, such as comprehensive rehabilitation centers, evaluation centers, occupational training centers, workshops, half-way houses, and other specialized facilities serving the mentally retarded. Such a rehabilitation facility may be established by State rehabilitation agencies, by the State agency in cooperation with other public or private agencies.

State vocational rehabilitation agencies may assist in the construction of rehabilitation facilities in a variety of ways. They may construct new buildings; alter, expand or renovate existing buildings; purchase necessary equipment; and provide initial staffing support. In all cases, State or private financial resources must be used to match Federal funds.

The program for Federal employment of the mentally retarded has been an outstanding success, with 7,400 placements in 148 different job titles at Federal installations across the country. The retention rate for these retarded employees has been far superior to that of other employees in similar jobs; and the program has become a part of the permanent personnel policy of the U.S. Civil Service Commission. State vocational rehabilitation agencies play a highly important role in this program in that they certify all retarded applicants as job-ready.

Special project grants for the innovation and expansion of vocational rehabilitation services have been utilized to extend and improve State rehabilitation agency efforts for the mentally retarded. Expansion grants are designed specifically to increase the number of people rehabilitated by the State agency.

An Expansion grant has supported the cooperative development of a rehabilitation program by the New Orleans Association for Retarded Children and the Dr. Russell L. Holman Vocational Center for Retarded Girls. Another grant of this kind has been utilized in the State of Washington to underwrite expansion of a Yakima workshop into a box factory to provide employment for mentally retarded persons. The Expansion grant program has also supported the growth of sheltered workshops for the retarded in Alaska, Indiana, Louisiana, Massachusetts, Nebraska, Oregon and Pennsylvania.

Within an extensive programs of rehabilitation facility improvement, the Rehabilitation Services Administration administers Facility Improvement grants designed to upgrade the services of sheltered workshops and other facilities by supporting such activities as the employment of additional staff, technical consultation, staff development, and the purchase of equipment.

During fiscal year 1971, 158 Facility Improvement Grants totaling $4,074,000 were awarded to rehabilitation facilities, many of which were affiliated with local associations for retarded children. Facility Improvement Grants were also awarded to residential institutions for the mentally retarded to improve their sheltered workshop programs.

Other rehabilitation facility improvement activities are (1) a program of technical assistance consultation to provide workshops and other facilities with special consultation services in such areas as workflow, safety engineering; contract procurement, and vocational evaluation and adjustment; and (2) projects to share in the cost of providing training services for handicapped individuals in public or nonprofit workshops and rehabilitation facilities. Federal financial participation in the Training Services grant program may assist in the cost of such services as training in occupational skills, work evaluation, work testing and the provision of occupational tools and equipment necessary for training purposes and job tryouts.

During fiscal year 1971, Training Services Grants totaling $7,033,000 were awarded to 46 rehabilitation facilities serving the mentally retarded as well as other disabled persons.

3. Rehabilitation Training

Rehabilitation training in Mental Retardation has focused on social work and rehabilitation counselor training by supporting field units in which student trainees could concentrate their practicum experience in work with this client population. Such grants also support field instructional faculty. Fiscal year 1972 expenditures reflect a phasing out of this type of training grant support in response to new SRS training grant policies and procedures which consolidate support for special focus training and basic training in the same professional field into a single grant. In addition to this form of support, the Rehabilitation Services Administration will continue in FY 1973 to support multi-disciplinary programs in select teaching-research-service centers.

SOCIAL SECURITY ADMINISTRATION

Purpose

The basic purpose of the social security program is to provide cash benefits to replace, in part, earnings that are lost to individuals and families when earnings stop or are reduced because the worker retires, dies, or becomes disabled, and to provide health insurance protection to persons 65 and over. The program is contributory, it is self-supporting, benefits are wage-related, and entitlement to benefits is an earned right.

Historical Development

In 1935, when the original social security law was passed, the program was to have provided only retirement benefits to aged workers. In 1939, benefits for dependents and survivors were added and benefits became payable in 1940. Protection against long-term total disability--not only for disabled workers, but also for adult sons or daughters (who became disabled before age 18) of disabled, retired, or deceased workers--was provided by the 1956 amendments. In 1965, health insurance benefits for the aged were added. The 1967 amendments provided benefits for disabled widows and widowers age 50 and over. Since 1949, there have been seven general benefit increases in recognition of the fact that prices and wages have gone up, and legislation now under consideration by Congress would provide further increases.

Economic Impact

Mental deficiency is a major factor in more than 65 percent of cases involving dependents or survivors who have been continuously disabled since childhood. It is the primary diagnosis in about half of all childhood disability cases. In fiscal year 1971, an estimated 175,500 mentally retarded adults disabled in childhood and retarded workers received $173 million.

The regulations contain guides as to the level of severity required in disability cases involving mental retardation. These regulations (published in 1968) have the effect of law and are available to the public and the medical community.

The number of mentally retarded childred under age 18 who receive payments as dependents of retired, disabled, or deceased workers is unknown, since their benefits are payable regardless of disability.

Under social security's "Childhood Disability" provisions, lifetime monthly payments can be made to a person age 18 or over who has been disabled by mental retardation--or other impairments--since childhood. In many cases, the monthly benefits enable the retarded childhood disability beneficiary to be cared for at home instead of in an institution. Furthermore, as more and more retarded people outlive their parents, the program offers reassurance to fathers and mothers who know that financial help for their disabled child will be forthcoming even after their death. About half of the childhood disability beneficiaries are over 35 and 25 percent of them are over 45.

If the parents are dead, a relative who has demonstrated a continuing interest in the beneficiary's welfare, a welfare agency, or a legal guardian may be chosen as representative payee to handle the benefit funds and plan for using them in behalf of the beneficiary. A representative payee receives social security benefits in trust for the beneficiary and, as a trustee, is held accountable for the way in which he uses the benefits.

Health insurance benefits under the social security law are available to any individual, including a mentally retarded individual who is 65 or over and who meets certain necessary conditions. Therefore a mentally retarded individual 65 years of age who has contracted an illness or suffered an injury is, like any other person in this age group, protected under the health insurance program. However, the health insurance for the aged program specifically prohibits reimbursement under the law for expenses incurred for personal care designed primarily to aid an individual in meeting the activities of daily living and which do not require the continuing attention of trained medical or paramedical personnel. Therefore, an aged mentally retarded person whose only deficiency is mental retardation requiring general institutional care, e.g., vocational training, help in the activities of daily living, and so forth would not be receiving the type of care covered under the Medicare program.

Activities and Achievements

All district offices of the Social Security Administration maintain a referral service to other programs and services of both public and private agencies and organizations. Giving information about these programs and agencies is an essential part of the Social Security Administration's service to the public. The service is provided to beneficiaries as well as to non-beneficiaries and applicants who inquire about services not provided by the old-age, survivors, disability, and health insurance program. Disabled persons applying for disability benefits under social security are promptly referred to the Rehabilitation Services Administration to the end that the maximum number may be rehabilitated into productive activity or to a level of self-care. Working relationships have also been established with all agencies and institutions that work with mentally retarded children, so that proper referrals may be made to district offices.

During 1970, the Social Security Administration launched a new program instituting biennial on-site reviews in State mental hospitals and schools for the retarded.

The program focus is an in-depth examination of the way in which these institutions are managing social security benefits on behalf of patients who receive their checks through an institutional official serving as "representative payee".

The program has the following objectives:

1. To ascertain the nature of institutional policies applicable to the beneficiaries for whom the institution serves as payee.

2. To examine the personal and financial situation of a sample of such beneficiaries in each institution, and to make personal contact for brief interview with sample beneficiaries, unless medically contraindicated.

3. To evaluate both the State policies and their demonstrated application in the light of the Administration's policies for benefit use geared to beneficiary needs and individual planning.

The observations and conclusions resulting from a State review are, after analysis, communicated to the State Commissioner for his use in the development of improved practices in the State's system. The findings will also serve as a basis for SSA program and policy evaluation. In this way, it is expected, the on-site approach will strengthen relationships with the States, improve their

understanding of their responsibility for optimum use of benefits when serving as representative payee, and open new channels for the discussion of problems and practices affecting the well-being of all beneficiary-patients in State mental institutions.

SSA has participated in the employment of the mentally retarded since the inception of the employment program in 1964. It has also tried, through the coordinator for employment of the handicapped, to generate interest in the program of private employers and other Federal agencies. Experience has demonstrated conclusively that the retardates can perform excellent work in basically routine positions when placement is carefully selected or the job re-engineered to the level or degree of his handicap. The ultimate goal in recruiting and hiring the mentally retarded is to assist in their rehabilitation to a productive life. In SSA, retardates are successfully performing in such positions as mail and file clerks, messengers, operators of printing, xerox, card reader machines, and key punch machines. The SSA experiment with the color coding of file cabinets and cartridges of microfilm has proven highly successful in broadening the employment opportunities for retardates to an area of work which requires a very high degree of accuracy. To date, the retardates have performed their duties in an excellent manner.

Retardates are performing so well many have been promoted to grades GS-2 and GS-3. At least three have qualified on a competitive examination and have been converted to status appointments, and several have received superior accomplishment awards.

In the area of public information, a new leaflet, "Mental Illness and Social Security Disability Benefits", is being developed in cooperation with the National Institute of Mental Health. The leaflet is designed to provide people disabled by mental disorders or deficiencies (or their families) with information about social security benefits they may be entitled to. It will be printed in quantity and distributed through regular NIMH channels, through community mental health centers, through State and Federal mental hospitals, and to professional workers in the field.

The Social Security Administration has published a leaflet entitled If You Become Disabled (SSI-29). A number of others are in stages of preparation or revision.

The color film, "Where There Is Hope," which tells of the social security benefits available for the adult child, continues to be distributed through district offices for theatrical and general showing. It is also offered to State associations for retarded children. It depicts teenagers and older people at work in a sheltered workshop in Washington, D.C., diagnosis and therapy at the John F. Kennedy Institute in Baltimore, and the trial work period of a beneficiary in Greensboro, North Carolina.

The 1967 Survey of Institutionalized Adults conducted by the Social Security Administration collected basic information on the socio-economic characteristics of mentally retarded and other disabled persons aged 18 and over in institutions such as homes and schools for the mentally and physically handicapped, mental hospitals, chronic disease and other long-term hospitals. Data was obtained from institutional records and from relatives and guardians. The survey focused on types of care, cost of care, sources of payment, economic resources of the patient and his family, and his social relationships with family and friends. The handling of the institutionalized person's economic resources by administrators (including the institution) and payees was also examined. Reports on demographic characteristics, costs of care, and economic resources have been published, and a report on financial administrators will be published in the summer of 1972. A monograph summarizing all findings will be available in 1973.

FOOD AND DRUG ADMINISTRATION

The Food and Drug Administration is concerned with preventing mental retardation that might follow the use or misuse of drugs or hazardous substances. The special age of concern is the reproductive age. The vulnerable periods are those specifically of embryonic, fetal, and infant life. Dosage levels considered safe in older infants may be potential causes of permanent brain damage in the prenatal or newborn age group which posseas immature mechanisms of detoxification of these drugs. Infants cannot handle drugs as well as adults because of lack of development of an enzyme system.

Mental retardation can be defined to limit it to the impairment of the learning ability, or extended to include the lack of emotional response. Whether or not mental retardation is defined to include mongoloids, persons suffering from degenerative diseases such as Parkinsonism, institutionalized mental patients, or others, FDA is concerned with the use or abuse of drugs intended to prevent or treat such conditions. Much of the work in this area is so specialized that it is performed by individual investigators rather than by drug companies.

In the Bureau of Drugs, the Office of Scientific Evaluation monitors the investigational use of new drugs in early testing phases. Animal experimentation is required to prove a new drug safe and effective before that drug may be tested on human beings. Observations of adverse effects of new drugs are reported within the surveillance system of the administration.

FDA expects investigators to set up metabolic methodology on new entities, at least to attempt to develop functional toxicology and biochemical toxicology, relating experiences of one species to those of another, eventually to experiences of man.

The Food and Drug Administration also is concerned with the treatment of mental retardation. Special diets and drugs may or may not be effective. Regulatory action is taken against drugs or devices that are represented to be useful in the prevention or treatment of mental retardation but in fact have no such beneficial effects.

Surveillance by the Food and Drug Administration also covers any untoward effect of chemical entities used in foods, drugs, cosmetics, or household chemicals. These data are acquired in close liaison with many hospitals, with the American Medical Association, the World Health Organization, the pharmaceutical industry, and with other health, education, and welfare agencies. This information is catalogued, retrieved, and evaluated by means of an advanced data processing system.

SURPLUS PROPERTY PROGRAM

The Office of Surplus Property Utilization, within the Office of the Assistant Secretary for Administration and Management, carries out the responsibilities of the Department under the Federal Property and Administrative Services Act of 1949, as amended, which makes surplus Federal real and personal properties available for health and educational purposes. The properties which become available under this program are those that have been determined by the General Services Administration as no longer having any further Federal utilization.

Surplus personal properties generating at Federal installations in the United States, Europe and Southeast Asia, are screened to determine those which may be needed and usable by eligible institutions throughout the country in conducting health and educational programs. Properties determined to have such need and usability are allocated by the Department of Health, Education, and Welfare for transfer to State Agencies for Surplus Property which have been established in all States. These State Agencies secure the properties, warehouse them, and make the distribution to eligible donees for health and educational uses within their respective States. The only costs to the eligible donees are the handling and service charges which are assessed by the State Agencies.

In the case of real properties which have been determined to be surplus to Federal needs, notices of their availability are sent to potentially eligible applicants, either by the State Agencies or the Regional Representatives for Surplus Property located in our ten regional offices. Real Properties available for removal from their site for relocation are conveyed by agreement of sale with restrictions as to the use of the facilities which run for a period of 5 years. These properties are conveyed with a 100 percent public benefit allowance applied against the sales price. Land, or land and buildings together with other improvements, are conveyed by deed which contains restrictions as to use for a period of 30 years. These properties are conveyed with public benefit allowances ranging up to 100 percent applied against the sales price. The only other costs to eligible transferees are "out-of pocket" Federal costs, i.e., appraisals, surveys, etc.

Schools for the mentally retarded are eligible to acquire surplus real and personal property. In the case of personal property, such a school must be operated primarily to provide specialized instruction to students of limited mental capacity. It must be tax-supported or non-profit and exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1954. It must operate on a full-time basis with a staff of qualified instructors for the equivalent of a minimum school year prescribed for public school instruction of the mentally retarded. It must also demonstrate that the facility meets the health and safety standards of the local governmental body.

An applicant for real property must be a State, or a political subdivision or instrumentality thereof; a tax-supported educational or public health institution; or a nonprofit educational or public health institution that has been held to be exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1954. Its proposed program of use must be fundamentally for an educational or public health purpose; i.e., devoted to academic, vocational or professional instruction, or organized and operated to promote and protect the public health. Real property may be put to a joint use, namely, for the training of the mentally retarded as well as the physically handicapped. Conveyances have been made for hospital use where, as a part of the total program, portions of the facility are used for the treatment and training of the mentally retarded.

Available personal property may range anywhere from a nail to an electronic computer. Many items have never been used before. Real properties may consist of all types of buildings which are removable, land with or without structures and other improvements such as utility lines, sewer and water systems, etc.

Pamphlets giving more detailed information as to eligibility of organizations for both surplus real and personal property, as well as additional information in connection with the Surplus Property Utilization Program, along with a directory of the State Agencies for Surplus Property and the ten Regional Offices of the Department, may be obtained from the Office of Surplus Property Utilization, Department of Health, Education, and Welfare, Washington, D. C. 20201.

The following are examples of real properties conveyed under the program for use in aiding the mentally retarded.

The State of Missouri passed legislation authorizing the State Department of Education to establish and operate State schools for mentally retarded in any county or in a district comprised of two or more counties. One of the first of these schools was established on 4.95 acres of land with 9 buildings, we conveyed for this purpose, at the surplus O'Reilly General Hospital, Springfield, Missouri. The facility is a day school with a current enrollment of 113 children, ages 6 - 20.

The Arizona Children's Colony obtained 30 acres of land at the Davis Monthan Air Force Base in July 1967 as a site for the new "Mental Retardation Center at Tucson." Plans were to construct 6 buildings initially, including 3 residential units. These have been completed and provide residential care facilities for approximately 100 residents and day care facilities for 150 people in the Tucson area. In addition, the facilities provide space for a preschool program for children not yet determined to be retarded, vocational training and rehabilitation therapy, consultation services, and, in cooperation with the University of Arizona, training and research. Future plans are to enlarge the Center into a facility which will have approximately 200 beds for residents and space for 300 to 400 day care persons.

The former Sunmount Veterans Hospital Reservation, Tupper Lake, New York, consisting of 111 acres of land improved with 44 buildings and installed equipment, was conveyed to the State Department of Mental Hygiene to provide a complete program of care, treatment, education, and rehabilitation of mentally retarded children and adults. The State first took over the hospital under a permit agreement in 1965, and the majority of the staff remained to operate the new program. Nurses were assigned to the three operating State schools for orientation courses in the care of the mentally retarded. Upon their return to Tupper Lake, the first group of patients was transferred to the new facility. Since that time, this 506-bed hospital has been operated to serve mentally retarded persons of all ages, drawn from the five upstate New York counties.

The State of Florida has undertaken the establishment of a system of Sunland Training Centers throughout the State for the training of its mentally retarded children. Plans call for 10 of these Centers which will have a capacity of approximately 1,000 resident students each. One of these Centers which serves the northwest section of the State, has been established at Marianna on 372.67 acres of land with 65 buildings--formerly the Graham Air Force Station--through our Surplus Property Utilization Program. Most of the personal property for the operation of this facility was conveyed with the real estate.

The State of Georgia obtained the former Veterans Administration Domiciliary in Thomasville, consisting of 207 acres of land and 131 buildings, with a bed capacity of 400 to 800, for the care and rehabilitation of the mentally ill and retarded. Another site of nearly 200 acres at the former U. S. Penitentiary Honor Farm near Atlanta has been conveyed for a Regional Mental Hospital for the rehabilitation and training of the mentally ill and retarded.

In 1966, the State of Ohio received the former Veterans Administration Hospital at Broadview Heights, near Columbus. Now known as the Broadview Center for the Mentally Retarded, inpatient service was begun in 1968. During the year, 580 persons applied for service. Of this number, 115 were admitted to the hospital unit. It is expected that the Center will have a capacity for 250 inpatients, in addition to its large outpatient load, with future expansion to 600.

Other States also have programs for the mentally retarded, using Federal surplus real and personal properties. The Department conveyed 34.39 acres of land and 47 buildings, formerly the Lufkin Air Force Base, Lufkin, Texas to the Texas State Hospital and Special Schools for a resident unit to accommodate between 1,000 and 1,500 retarded children. Louisiana received 537 acres with modest improvements at the Belle Chasse Navy Ammunition Depot, New Orleans, as a site for a State unit serving this area for day treatment or resident training and care of the mentally retarded. The State of Kansas has renovated the Winter Veterans Administration Hospital, comprising 225 acres and 195 buildings, for the treatment and care of some 300 to 400 mentally retarded children. Two acres of this property were retransferred in 1968 to the Topeka Association for Retarded Children, Inc. A building has been constructed to house classrooms, therapy rooms, workshop, and necessary offices. The Association trains and educates the retarded of school age and young adults.

Two outstanding programs for the mentally retarded are operated in Prince Georges County, Maryland. One, operated by the Prince Georges County Association for Retarded Children, is located on approximately 6 acres of land, formerly a part of Andrews AFB, and is known as the Melwood Agricultural Training Center. Two greenhouses have been built, as well as an Administration-Floral Design Shop, and Cement Products Shop. The boys learn to work in greenhouses, to landscape and do field and ground work, and to do the heavy work--such as making cement garden equipment; and the girls concentrate on design and the more asthetic products fashioned from fresh and artificial flowers. The other program is operated by the Prince Georges County Board of Education on 5.7 acres of land at Silver Hill, Maryland--formerly a Weather Bureau test site. A modern comprehensive school has been constructed, which has been designed to meet the individual needs of trainable children. It includes the very latest in equipment, a competent and dedicated staff, and supervised playground. The educational program of this, the Hillcrest Heights Special Education Center, is considered to be an outstanding one in the area of special education. Visitors continue to observe the operation and there is an excellent program of parent education and public relations. Current enrollment is 124 students, with the majority of the students being bused. Bus aides ride the buses in order to help with any problems which might arise during the period of transportation.

Some school districts include classes for the mentally retarded in the same facilities with other educational programs. In August 1968 three quonset buildings, located on 2 acres of land at the Naval Reserve Training Center, Woonsocket, R. I., were conveyed to the City of Woonsocket. These buildings, which were joined together, are divided into 30 classrooms and offices, and house various special educational programs and services, including those for the mentally retarded. One program teaches homemaking to girls, and another provides teenagers an opportunity to become acquainted with the world of work outside the home, and to develop skills and attitudes which enable the child to become occupationally competent.

Smaller areas, such as former Post Office buildings and sites and Nike sites, have been converted into schools and training centers. The former Post Office at Carlisle, Pennsylvania, is now a school, operated by the Cumberland County Association for Retarded Children; Lake County, Ohio has conveyed the former Post Office at Willoughby into a school for the retarded; the former Post Office in Lebanon, Tennessee, has been conveyed to Wilson County for vocational rehabilitation of the retarded; and the Butler, Pennsylvania Post Office was conveyed to the Butler County Association for Retarded Children; and portions of Nike sites

at Needham, Massachusetts and King County, Washington are now used in the care and training of the mentally retarded.

Approximately 1 acre of land and 2 buildings--formerly a part of the Naval Supply Center, Puget Sound, Seattle--were conveyed to the Northwest Center for the Retarded, a nonprofit corporation in Washington. This Center provides education, specialized training and related service to students who are ineligible for any community or public school program. Enrollment is 86, ranging in age from 2 to 47 years. The goal is to develop those skills necessary for students to participate in existing public school classes, workshops, or as contributing members of society. No student is turned away because of his handicap nor because of his family's inability to pay.

The Harrison County Board of Education, Mississippi, received approximately 10 acres of surplus land at the Veterans Administration Hospital Reservation, Biloxi, on which to construct a school for the physically and mentally handicapped. The school, designed to serve approximately 200 students, has been completed and now provides education for the physically and mentally handicapped of school and preschool age children of Harrison County and three nearby counties. While the school does serve educable students, the vast majority are of the trainable classification.

Through June 30, 1971, 5,206.7 acres of land and 805 buildings have been transferred to institutions for use in programs serving the mentally retarded. These properties originally cost the government $46,043,436 and had a fair market value of $17,641,623 at the time of transfer.

Schools for the mentally retarded operated by State and local agencies of government as well as many nonprofit schools operated by Associations for the Mentally Retarded or Cerebral Palsy are major users of surplus personal properties acquired through the State agency distribution center of their State. During FY 1971, surplus personal properties having an original acquisition cost of 332 million dollars were donated to eligible public health, educational and civil defense donees in the States. Representatives of schools for the mentally retarded should establish their school's eligibility with their State agency and make regular visits to their State agency distribution center(s) to inspect available properties and select items needed by their school.

MENTAL RETARDATION FUNDS
Department of Health, Education, and Welfare
Fiscal Years 1971-1973

The material on the following pages presents the amount of funds available from the Department of Health, Education, and Welfare for mental retardation programs. Six agencies and offices within the Department administer mental retardation funds that support programs covering a wide spectrum: services, training, construction, research and income maintenance. The first four of these activities represent an estimated obligation of about $538 million in FY 1973. The income maintenance program will obligate $341 million during this same year.

The programs operated with these funds are described in the report of the Office of Mental Retardation Coordination entitled "Mental Retardation Activities, 1972" which will be available from the Superintendent of Documents, Washington, D.C. 20402 about July 1 (price undetermined). Additional information concerning these tables may be secured from the Office of Mental Retardation Coordination, or from the agency administering the program.

GLOSSARY OF TERMS*

FISCAL YEAR -- Year running from July 1 to June 30 and designated by the calendar year in which it ends.

AUTHORIZATION -- Basic substantive legislation which sets up a Federal program or agency either indefinitely or for a given period of time. Such legislation sometimes sets limits on the amount that can subsequently be appropriated, but does not usually provide budget authority.

BUDGET AUTHORITY -- Authority provided by the Congress--mainly in the form of appropriations--which allows Federal agencies to incur obligations to spend or lend money. While most authority is voted each year, some becomes available automatically under permanent laws--for example, interest on the public debt.

OBLIGATIONS -- Commitments made by Federal agencies to pay out money for products, services, loans, or other purposes--as distinct from the actual payments. Obligations incurred may not be larger than the budget authority.

FEDERAL FUNDS -- Funds collected and used by the Federal Government, as owner. The major federally owned fund is the general fund, which is derived from general taxes and borrowing and is used for the general purposes of the Government. Federal funds also include certain earmarked receipts, such as those generated by and used for the operations of Government-owned enterprises.

TRUST FUNDS -- Funds collected and used by the Federal Government, as trustee, for specified purposes, such as social security and highway construction. Receipts held in trust are not available for the general purposes of the Government. Trust fund receipts which are not anticipated to be used in the immediate future are generally invested in Government securities and earn interest.

*"The U.S. Budget in Brief, FY 1973," Executive Office of the President, Office of Management and Budget, January 1972.

EXPLANATORY NOTES ON MENTAL RETARDATION OBLIGATION TABLES

Definitions:

Services: Includes services rendered in behalf of the mentally retarded as well as direct services offered to the mentally retarded. For example, case finding, information and referral programs are included, along with direct medical care and special education programs.

Training: Includes training of professional as well as supportive personnel. For example, university graduate level training and in-service training in mental retardation institutions are both included. Also, no distinction is made between training for service and training for research.

Estimates: Inadequate reporting data on some programs necessitate the use of very rough estimates on amount of funds. This is especially true of Medicaid (Title XIX, SSA); the amount shown is based on data from only a limited number of state

Omission: No data suitable for determining obligations is available in the public assistance social service program. Even though many States are known to use these funds to support services for the mentally retarded, no reporting procedure exists to determine extent and cost of such activities.

Developmental Disabilities: Funds authorized under P.L. 91-517 became available for the first time in FY 1971; this statute authorizes funds for mental retardation as well as other types of disabilities, e.g., cerebral palsy and epilepsy. However, for fiscal accounting purposes, all funds obligated under P.L. 91-517 are considered in the area of mental retardation.

Income Maintenance: Obligations for income maintenance support under social security and public assistance are separately identified in the tables. These amounts are based on estimated numbers of mentally retarded persons receiving benefits. Such obligations should be considered in a separate category from those funds appropriated for the support of programs designed specifically for mental retardation programs or known to be related to mental retardation to a significant degree.

Table 1

Summary Tables

DHEW Mental Retardation Obligations
FY 1971-1973
(Thousands of Dollars)

1. Agency-Activity Summary	1971	1972	1973
Office of Education			
Services	$67,820	$74,610	$77,354
Training	11,900	11,900	12,320
Research	1,420	1,600	1,664
Other	69	69	69
Total	$81,209	$88,179	$91,407
Health Services and Mental Health Administration			
Services	$13,148	$19,739	$21,479
Training	17,312	19,683	19,923
Research	2,299	2,299	2,299
Other	2,395	1,300	1,300
Total	$35,154	$43,021	$45,001
National Institutes of Health			
Training	$ 7,474	$ 7,515	$ 7,515
Research	18,397	21,524	22,835
Total	$25,871	$29,039	$30,350
Social Security Administration			
Income Maintenance	$175,355	$194,597	$208,838
Social and Rehabilitation Service			
Services	$206,918	$240,346	$347,950
Research	897	1,000	1,050
Training	5,424	5,188	5,007
Construction	16,383	6,109	4,886
Other	817	7,978	7,247
Sub-Total	$230,439	$260,621	$366,140
Income Maintenance	97,000	114,000	132,000
Total	$327,439	$374,621	$498,140

Table 1
(Continued)

	1971	1972	1973
Office of the Secretary			
Services	$ 4,270	$ 4,462	$ 4,462
Other	550	750	753
Total	$ 4,820	$ 5,212	$ 5,215
Total, Grants and Services	$377,493	$426,072	$538,113
Total, Income Maintenance	$272,355	$308,597	$340,838
TOTAL, DHEW	$649,848	$734,669	$878,951

2. Activity Summary

Services	$292,156	$339,157	$451,245
Training	42,110	44,286	44,765
Research	23,013	26,423	27,848
Construction	16,383	6,109	4,886
Other	3,831	10,097	9,371
Sub-Total	$377,493	$426,072	$538,113
Income Maintenance	$272,355	$308,597	$340,838
TOTAL, DHEW	$649,848	$734,669	$878,951

Table 2

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Obligations for Mental Retardation Programs by Activity Designation
Fiscal Years 1971-1973
(Thousands of Dollars)

ACTIVITY	1971	1972 (Estimate)	1973 (Estimate)
OFFICE OF EDUCATION			
Services			
Title I, ESEA, Educationally Deprived Children	$39,900	$46,400	$46,400
P.L. 89-313	(26,900)	(32,800)	(32,800)
Title III, ESEA, Supplementary Centers	4,900	4,900	4,900
Education for the Handicapped Act, Part B	10,160	10,160	10,566
Education for the Handicapped Act, Part C, Section 623	860	950	988
Education for the Handicapped Act, Part F	500	700	3,000
Vocational Education Act, Part B	11,500	11,500	11,500
Total, Services	67,820	74,610	77,354
Training			
Education for the Handicapped Act, Part D	10,500	10,500	10,920
Education Professions Development Act	1,400	1,400	1,400
Total, Training	11,900	11,900	12,320
Research			
Education for the Handicapped Act, Part E	1,420	1,600	1,664
Total, Research	1,420	1,600	1,664
Other			
Library Services and Construction Act	69	69	69
Total, Other	69	69	69
TOTAL, OFFICE OF EDUCATION	$81,209	$88,179	$91,407

Table 3

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Obligations for Mental Retardation Programs by Activity Designation
Fiscal Years 1971-1973
(Thousands of Dollars)

ACTIVITY	1971	1972 (Estimate)	1973 (Estimate)
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION			
Services			
Maternal and Child Health Services			
Maternal and Child Health Services (Section 503 Title V, SS Act)	$ 6,988	$ 6,988	$ 6,988
Crippled Children's Services (Section 504, Title V, SS Act)	6,002	6,002	6,002
Community Environmental Management (P.L. 91-695)	158	6,749	8,489
Total, Services	13,148	19,739	21,479
Training			
Maternal and Child Health			
Training for Health and Related Care of Mothers and Children (Section 511, Title V, SS Act)	11,200	13,571	13,857
Maternal and Child Health Services (Section 503, Title V, SS Act)	2,767	2,767	2,767
Crippled Children's Services (Section 504, Title V, SS Act)	2,998	2,998	2,998
Mental Health Training (Section 303, PHS Act)	347	347	301
Total, Training	$17,312	$19,683	$19,923

ACTIVITY	1971	1972 (Estimate)	1973 (Estimate)
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION (CONTINUED)			
Research			
Maternal and Child Health			
Research Relating to Maternal and Child Health and Crippled Children's Services (Title V, SS Act	$ 1,600	$ 1,600	$ 1,600
Mental Health Research (Section 301, PHS Act)	699	699	699
Total, Research . . .	2,299	2,299	2,299
Other			
Health Care Facilities (Title VI, PHS Act)	2,395	1,300	1,300
Total, Other	2,395	1,300	1,300
TOTAL, HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION	$35,154	$43,021	$45,001

Table 4

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Obligations for Mental Retardation Programs by Activity Designation
Fiscal Years 1971-1973
(Thousands of Dollars)

ACTIVITY	1971	1972 (Estimate)	1973 (Estimate)
NATIONAL INSTITUTES OF HEALTH			
Training			
Neurology and Stroke Activities	$ 6,216	$ 6,216	$ 6,216
Child Health	1,258	1,299	1,299
Total, Training	7,474	7,515	7,515
Research			
Neurology and Stroke Activities	5,165	5,993	5,993
Child Health	13,232	15,531	16,842
Total, Research	18,397	21,524	22,835
TOTAL, NATIONAL INSTITUTES OF HEALTH	$25,871	$29,039	$30,350
SOCIAL SECURITY ADMINISTRATION			
Income Maintenance:			
Estimated Benefit Payments from Trust Funds	$172,900	$191,750	$206,050
Trust Fund Obligations Incurred to Adjudicate Claims of Beneficiaries	2,344	2,847	2,788
Total, Income Maintenance	175,355	194,597	208,838
TOTAL, SOCIAL SECURITY ADMINISTRATION	$175,355	$194,597	$208,838

NATIONAL INSTITUTES OF HEALTH
SOCIAL SECURITY ADMINISTRATION

Table 5

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Obligations for Mental Retardation Programs by Activity Designation
Fiscal Years 1971-1973
(Thousands of Dollars)

ACTIVITY	1971	1972 (Estimate)	1973 (Estimate)
SOCIAL AND REHABILITATION SERVICE			
Services			
Rehabilitation Services			
Grants to States, Sec. 2, VR Act	$ 65,390	$ 78,400	$ 89,700
Innovation Grants, Sec. 3, VR Act	28	0	0
Expansion Grants, Sec. 4(a)(2)(A), VR Act	108	100	100
Facility Improvement Grants, Sec. 13, VR Act	3,390	3,800	3,800
Services for the Developmentally Disabled			
Formula Grants for the Developmentally Disabled, (P.L. 91-517, Sec. 131)	3,769	17,206	13,832
Hospital Improvement, PHS Act, Sec. 303	6,598	5,456	3,528
Initial Staffing (P.L. 88-164, Sec. 141)	8,272	8,472	3,920
Project Grants, VR Act, Sec. 4(a)(1)	5,063	5,912	7,070
Social Services, SS Act[1/]	NA	NA	NA
Medical Assistance, Title XIX, SS Act[2/]	114,300	121,000	226,000
Total, Services	$206,918	$240,346	$347,950
Research			
Research and Demonstrations, Secs. 4 & 7, VR Act	$ 502	$ 600	$ 650
Social and Rehabilitation Activities Overseas (Special Foreign Currency Program)	395	400	400
Total, Research	$ 897	$ 1,000	$ 1,050

Table 5

ACTIVITY	1971	1972 (Estimate)	1973 (Estimate)
SOCIAL AND REHABILITATION SERVICE (CONTINUED)			
Training			
Services for the Developmentally Disabled VR Act, Sec. 4(a)(1)	$ 502	$ 600	$ 650
Hospital Improvement, PHS Act, Sec. 303	3,642	3,735	3,982
Research and Training Centers, VR Act, Sec. 4(a)(1)	1,039	553	125
Total, Training	$ 5,424	$ 5,188	$ 5,007
Construction			
University-Affiliated Facilities for the Developmentally Disabled	$ 1,591	$ 31	-0-
Developmental Disabilities Formula Grant	14,792[3]	6,078	4,886
Total, Construction	$ 16,383	$ 6,109	$ 4,886
Income Maintenance			
Grants to States for Public Assistance - Aid to Permanently & Totally Disabled	$ 97,000	$114,000	$132,000
Other			
Services to the Developmentally Disabled University-Affiliated Facilities Demonstration Grants (P.L. 91-517, Title II)		$ 4,250	$ 4,250
Formula Grants for Developmentally Disabled (Planning & Administration, P.L. 91-517, Sec. 131)	817	3,728[4]	2,997[4]
Total, Other	$ 817	$ 7,978	$ 7,247

Table 5

ACTIVITY	1971	1972 (Estimate)	1973 (Estimate)
SOCIAL AND REHABILITATION SERVICE (CONTINUED)			
Total, Grants and Services . . .	$230,439	$260,621	$366,140
Total, Income Maintenance . . .	97,000	114,000	132,000
TOTAL, SOCIAL AND REHABILITATION SERVICE	$327,439	$374,621	$498,140
OFFICE OF THE SECRETARY			
Services			
Office of Child Development - Head Start	$ 4,270	$ 4,462	$ 4,462
Other			
Office of Mental Retardation Coordination	(110)	115	118
President's Committee on Mental Retardation	550	635	635
TOTAL, OFFICE OF THE SECRETARY	$ 4,820	$ 5,212	$ 5,215

1/ States obligate funds under Titles IV and XVI of the Social Security Act for social services to mentally retarded persons. However, present reporting systems do not permit an estimate of the amount of funds.
2/ Amounts reported are estimates based on FY 1970 data from 16 states reporting Social Security Act, Title XIX funds claimed for mental retardation.
3/ Includes funds appropriated in prior fiscal years.
4/ These amounts represent estimates of funds used by the states for planning and administration.

SOCIAL AND REHABILITATION SERVICE
OFFICE OF THE SECRETARY